

Nova Scotia Health Authority
SOUTH SHORE REGIONAL HOSPITAL
90 GLEN ALLAN DRIVE
BRIDGEWATER, NS
B4V 3S6

NAME: REGION, OF QUEEN'S MUNICIPALITY
ACCT#:DK0001688/24
ADDRESS: PO BOX 1264
ADDRESS: LIVERPOOL,NS,B0T 1K0
PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO : FAX,902-354-5038 RQM

Specimen: WT24:W0010301R Collected: 23/12/24-UNK Status: COMP Req#: 14917264
Received: 23/12/24-1102

Source: MUNICIPAL

Sp Desc:TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli
Sample Information SAMPLE PORT
Drinking Water Category? GOVERNMENT
Contact/Mailing Address PO BOX 1264
Contact/Mailing City/Prov LIVERPOOL, NS
Contact/Mailing Postal Code B0T 1K0
Contact Telephone Number 9023547170
Source Address WORKS DEPT
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 23/12/24
Time Refrigerated 0730
Chlorine Residual CH 1.13 MG/L 7.1
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	24/12/24-1342	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

These results relate only to the water sample submitted for testing.

Report authorization is available on request.

For interpretation contact Nova Scotia Environment
at 1-877-936-8476 or visit
www.gov.ns.ca/nse/water/thedroponwater.asp.

YR - YARMOUTH REGIONAL HOSPITAL

***** Test Performed at Yarmouth Regional Hospital LAB *****
Lab Fax (902)749-1576

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 PHONE#: (902)354-7170
 LOCATION: SS.LABO
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
 COPIES TO : FAX, 902-354-5038 RQM

Specimen: WT24:W0010302R Collected: 23/12/24-0735 Status: COMP Req#: 14917277
 Received: 23/12/24-1105

Source: MUNICIPAL
 Sp Desc: TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli
 Sample Information SAMPLE PORT
 Drinking Water Category? GOVERNMENT
 Contact/Mailing Address PO BOX 1264
 Contact/Mailing City/Prov LIVERPOOL, NS
 Contact/Mailing Postal Code B0T 1K0
 Contact Telephone Number 9023547170
 Source Address SCHOOL STREET
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 23/12/24
 Time Refrigerated 0730
 Chlorine Residual CH 0.92 MG/L 7.1
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	24/12/24-1342	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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 LOCATION: SS.LABO
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
 COPIES TO : FAX, 902-354-5038 RQM

Specimen: WT24:W0010304R Collected: 23/12/24-0720 Status: COMP Req#: 14917299
 Received: 23/12/24-1110

Source: MUNICIPAL

Sp Desc: TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli
 Sample Information SAMPLE PORT
 Drinking Water Category? GOVERNMENT
 Contact/Mailing Address PO BOX 1264
 Contact/Mailing City/Prov LIVERPOOL, NS
 Contact/Mailing Postal Code B0T 1K0
 Contact Telephone Number 9023547170
 Source Address OLD COBB
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 23/12/24
 Time Refrigerated 0730
 Chlorine Residual CH 1.35 MG/L 7.0
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final		24/12/24-1342	YR
TOTAL COLIFORM		ABSENT/100ML		
E.coli		ABSENT/100ML		

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PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO : FAX, 902-354-5038 RQM

Specimen: WT24:W0010305R Collected: 23/12/24-0700 Status: COMP Req#: 14917315
Received: 23/12/24-1113

Source: MUNICIPAL

Sp Desc: TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli
Sample Information SAMPLE PORT
Drinking Water Category? GOVERNMENT
Contact/Mailing Address PO BOX 1264
Contact/Mailing City/Prov LIVERPOOL, NS
Contact/Mailing Postal Code B0T 1K0
Contact Telephone Number 9023547170
Source Address BROOKLYN
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 23/12/24
Time Refrigerated 0730
Chlorine Residual CH 0.87 MG/L 7.0
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	24/12/24-1342	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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Specimen: WT24:W0010306R Collected: 23/12/24-0605 Status: COMP Req#: 14917328
Received: 23/12/24-1115

Source: MUNICIPAL

Sp Desc: TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli
Sample Information LAB
Drinking Water Category? GOVERNMENT
Contact/Mailing Address PO BOX 1264
Contact/Mailing City/Prov LIVERPOOL, NS
Contact/Mailing Postal Code B0T 1K0
Contact Telephone Number 9023547170
Source Address WATERPLANT
Postal Code B0T 1K0
Sample Collected By DH
Date Refrigerated 23/12/24
Time Refrigerated 0730
Chlorine Residual CH 1.33 MG/L 7.6
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	24/12/24-1342	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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