

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

NAME: REGION, OF QUEEN'S MUNICIPALITY
 ACCT#:DK0001714/24
 ADDRESS: PO BOX 1264
 ADDRESS: LIVERPOOL, NS, BOT 1K0
 PHONE#: (902)354-7170
 LOCATION: SS.LABO
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
 COPIES TO :

Specimen: WT25:W0000088R Collected: 07/01/25-0710 Status: COMP Req#: 14946770
 Received: 07/01/25-1056

Source: MUNICIPAL
 Sp Desc:TREATED
 Ordered: WATER P/A
 Queries: Analysis Requested Both Total and E.coli
 Sample Information SAMPLE PORT
 Drinking Water Category? NOT INDICATED
 Contact Telephone Number 902-354-7170
 Source Address OLD COBB
 Postal Code BOT 1K0
 Sample Collected By DH
 Date Refrigerated 07/01/25
 Time Refrigerated 0730
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	08/01/25-1449	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

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

NAME: REGION, OF QUEEN'S MUNICIPALITY
 ACCT#: DK0001714/24
 ADDRESS: PO BOX 1264
 ADDRESS: LIVERPOOL, NS, BOT 1K0
 PHONE#: (902)354-7170
 LOCATION: SS.LABO
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
 COPIES TO : FAX, 902-354-5038

Specimen: WT25:W0000089R Collected: 07/01/25-0605 Status: COMP Req#: 14946834
 Received: 07/01/25-1108

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 Telephone Number 902-354-7170
 Source Address WATERPLANT
 Postal Code BOT 1K0
 Sample Collected By DH
 Date Refrigerated 07/01/25
 Time Refrigerated 0730
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	<u>WATER PRESENT/ABSENCE</u> Final		08/01/25-1449	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

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

NAME: REGION, OF QUEEN'S MUNICIPALITY
ACCT#:DK0001714/24
ADDRESS: PO BOX 1264
ADDRESS: LIVERPOOL, NS, BOT 1K0
PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO :

Specimen: WT25:W0000090R Collected: 07/01/25-0655 Status: COMP Req#: 14946843
Received: 07/01/25-1112

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 Telephone Number 902-654-7170
Source Address BROOKLYN
Postal Code BOT 1K0
Sample Collected By DH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	<u>WATER PRESENT/ABSENCE</u>	Final	08/01/25-1426	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

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

NAME: REGION, OF QUEEN'S MUNICIPALITY
 ACCT#:DK0001714/24
 ADDRESS: PO BOX 1264
 ADDRESS: LIVERPOOL, NS, BOT 1K0
 PHONE#: (902)354-7170
 LOCATION: SS.LABO
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
 COPIES TO : FAX, 902-354-5038

Specimen: WT25:W0000091R Collected: 07/01/25-0630 Status: COMP Req#: 14946858
 Received: 07/01/25-1113

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 Telephone Number 902-354-7170
 Source Address WORKS
 Postal Code BOT 1K0
 Sample Collected By DH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	<u>WATER PRESENT/ABSENCE</u>	Final	08/01/25-1426	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

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

NAME: REGION, OF QUEEN'S MUNICIPALITY
 ACCT#:DK0001714/24
 ADDRESS: PO BOX 1264
 ADDRESS: LIVERPOOL, NS, BOT 1K0
 PHONE#: (902)354-7170
 LOCATION: SS.LABO
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
 COPIES TO :

Specimen: WT25:W0000093R Collected: 07/01/25-0730 Status: COMP Req#: 14946879
 Received: 07/01/25-1117

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 Telephone Number 902-354-7170
 Source Address SCHOOL STREET
 Postal Code BOT 1K0
 Sample Collected By DH
 Date Refrigerated 07/01/25
 Time Refrigerated 0730
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	08/01/25-1449	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