

Nova Scotia Health Authority
 YARMOUTH REGIONAL HOSPITAL
 60 VANCOUVER ST.
 YARMOUTH , NS
 B5A 2P5

NAME: REGION, OF QUEENS MUNICIPALITY
 ACCT#: DK0001937/24
 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 :

Specimen: WT25:W0001177R Collected: 25/02/25-0705 Status: COMP Req#: 15082839
 Received: 25/02/25-0740

Source: MUNICIPAL

Sp Desc: TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli
 Sample Information BROOKLYN- SAMPLE PORT -CLEAR
 Drinking Water Category? NOT INDICATED
 Contact Telephone Number 902-354-7170
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 25/02/25
 Time Refrigerated 0740
 Chlorine Residual 0.76 FREE 7.1PH
 Delivery By Fax 902-354-5038

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	26/02/25-1338	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
 YARMOUTH REGIONAL HOSPITAL
 60 VANCOUVER ST.
 YARMOUTH , NS
 B5A 2P5

NAME: REGION, OF QUEENS MUNICIPALITY
 ACCT#:DK0001937/24
 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 :

Specimen: WT25:W0001178R Collected: 25/02/25-0730 Status: COMP Req#: 15082841
 Received: 25/02/25-0740

Source: MUNICIPAL

Sp Desc:TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli
 Sample Information SCHOOL STREET-SAMPLE PORT -CLEAR
 Drinking Water Category? NOT INDICATED
 Contact Telephone Number 902-654-7170
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 25/02/25
 Time Refrigerated 0740
 Chlorine Residual 0.85 FREE 7.2PH
 Delivery By Fax 902-354-5038

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	<u>WATER PRESENT/ABSENCE</u> Final		26/02/25-1338	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.

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 at 1-877-936-8476 or visit
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NAME: REGION, OF QUEENS MUNICIPALITY
 ACCT#:DK0001937/24
 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 :

Specimen: WT25:W0001179R Collected: 25/02/25-0720 Status: COMP Req#: 15082842
 Received: 25/02/25-0740

Source: MUNICIPAL

Sp Desc:TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli
 Sample Information OLD COBBS -SAMPLE PORT -CLEAR
 Drinking Water Category? NOT INDICATED
 Contact Telephone Number 902-354-7170
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 25/02/25
 Time Refrigerated 0740
 Chlorine Residual 1.01 FREE 7.1 PH
 Delivery By Fax 902-354-5038

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	26/02/25-1338	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.

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 ACCT#:DK0001937/24
 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 :

Specimen: WT25:W0001181R Collected: 25/02/25-0627 Status: COMP Req#: 15082844
 Received: 25/02/25-0740

Source: MUNICIPAL

Sp Desc:TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli
 Sample Information WATER PLANT -LAB -CLEAR
 Drinking Water Category? NOT INDICATED
 Contact Telephone Number 902-354-7170
 Postal Code B0T 1K0
 Sample Collected By DH
 Date Refrigerated 25/02/25
 Time Refrigerated 0740
 Chlorine Residual 1.32 FREE 7.0PH
 Delivery By Fax 902-354-7170

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	26/02/25-1338	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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

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 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:W0001182R Collected: 25/02/25-0650 Status: COMP Req#: 15082845
 Received: 26/02/25-0740

Source: MUNICIPAL

Sp Desc:TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli
 Sample Information WORKS - SAMPLE PORT -CLEAR
 Drinking Water Category? NOT INDICATED
 Contact Telephone Number 902-354-7170
 Postal Code BOT 1K0
 Sample Collected By DH
 Date Refrigerated 25/02/25
 Time Refrigerated 0740
 Chlorine Residual 0.93 FREE 7.1 PH
 Delivery By Fax 902-354-5038

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	26/02/25-1338	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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