

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

NAME: REGION, OF QUEENS MUNICIPALITY  
 ACCT#:DK0000031/25  
 ADDRESS: P O BOX 1264  
 ADDRESS: LIVERPOOL,NS,B0T 1K0  
 PHONE#: (902)354-7170  
 LOCATION: SS.LABO  
 SUBMITTING DR: FAX,902-354-5038 REGION OF QUE  
 COPIES TO :

Specimen: WT25:W0002173R    Collected: 08/04/25-0720    Status: COMP    Req#: 15199342  
 Received: 08/04/25-1131

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 P O 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 08/04/25  
 Time Refrigerated 0730  
 Chlorine Residual 0.99MG/L 7.4 PH  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	09/04/25-1411	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](http://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: FAX, 902-354-5038 REGION OF QUE  
COPIES TO :

Specimen: WT25:W0002175R Collected: 08/04/25-0620 Status: COMP Req#: 15199380  
Received: 08/04/25-1138

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 P O BOX 1264  
Contact/Mailing City/Prov LIVERPOOL NS  
Contact/Mailing Postal Code B0T 1K0  
Contact Telephone Number 9023547170  
Source Address WATERPLANT  
Postal Code B0T1K0  
Sample Collected By DH  
Date Refrigerated 08/04/25  
Time Refrigerated 0730  
Chlorine Residual 1.4MG/L 8.2 PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	09/04/25-1411	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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**PHONE#:** (902) 354-7170  
**LOCATION:** SS.LABO  
**SUBMITTING DR:** FAX, 902-354-5038 REGION OF QUE  
**COPIES TO :**

**Specimen:** WT25:W0002176R **Collected:** 08/04/25-0645 **Status:** COMP **Req#:** 15199405  
**Received:** 08/04/25-1143

**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 P O BOX 1264  
 Contact/Mailing City/Prov LIVERPOOL NS  
 Contact/Mailing Postal Code BOT 1K0  
 Contact Telephone Number 9023547170  
 Source Address WORKS DEPT  
 Postal Code BOT 1K0  
 Sample Collected By DH  
 Date Refrigerated 08/04/25  
 Time Refrigerated 0730  
 Chlorine Residual 0.94MG/L 7.7 PH  
 Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

>	<b>WATER PRESENT/ABSENCE</b>	Final	09/04/25-1411	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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PHONE#: (902)354-7170  
LOCATION: SS.LABO  
SUBMITTING DR: FAX, 902-354-5038 REGION OF QUE  
COPIES TO :

Specimen: WT25:W0002177R Collected: 08/04/25-0740 Status: COMP Req#: 15199428  
Received: 08/04/25-1148

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 P O BOX 1264  
Contact/Mailing City/Prov LIVERPOOL NS  
Contact/Mailing Postal Code BOT 1K0  
Contact Telephone Number 9023547170  
Source Address SCHOOL ST  
Postal Code BOT 1K0  
Sample Collected By DH  
Date Refrigerated 08/04/25  
Time Refrigerated 0730  
Chlorine Residual 0.71 MG/L 7.3 PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	09/04/25-1411	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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**LOCATION:** SS.LABO  
**SUBMITTING DR:** FAX, 902-354-5038 REGION OF QUE  
**COPIES TO :**

**Specimen:** WT25:W0002180R    **Collected:** 08/04/25-0700    **Status:** COMP    **Req#:** 15199444  
**Received:** 08/04/25-1153

**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 P O 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 08/04/25  
 Time Refrigerated 0730  
 Chlorine Residual 0.70 MG/L 7.4 PH  
 Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

> WATER PRESENT/ABSENCE	Final	09/04/25-1411	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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