

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

NAME: REGION, OF QUEENS MUNICIPALITY  
 ACCT#:DK0000083/25  
 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:W0002322R Collected: 15/04/25-0700 Status: COMP Req#: 15217692  
 Received: 15/04/25-1008

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 LUCAS HARVEY  
 Date Refrigerated 15/04/25  
 Time Refrigerated 0745  
 Chlorine Residual 0.76 MG/L 7.1 PH  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	16/04/25-1422	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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ADDRESS: P O BOX 1264  
ADDRESS: LIVERPOOL, NS, BOT 1K0  
PHONE#: (902)354-7170  
LOCATION: SS.LABO  
SUBMITTING DR: FAX, 902-354-5038 REGION OF QUE  
COPIES TO :

Specimen: WT25:W0002323R Collected: 15/04/25-0715 Status: COMP Req#: 15217726  
Received: 15/04/25-1013

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 OLD COBBS  
Postal Code BOT 1K0  
Sample Collected By LUCAS HARVEY  
Date Refrigerated 15/04/25  
Time Refrigerated 0745  
Chlorine Residual 1.02MG/L 7.1 PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	16/04/25-1422	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:W0002324R Collected: 15/04/25-0735 Status: COMP Req#: 15217751  
Received: 15/04/25-1017

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 SCHOOL ST  
Postal Code B0T 1K0  
Sample Collected By LUCAS HARVEY  
Date Refrigerated 15/04/25  
Time Refrigerated 0745  
Chlorine Residual 0.61 MG/L 7.2 PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	16/04/25-1422	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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 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:W0002325R Collected: 15/04/25-0640 Status: COMP Req#: 15217787  
 Received: 15/04/25-1021

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 WORKS DEPT  
 Postal Code B0T 1K0  
 Sample Collected By LUCAS HARVEY  
 Date Refrigerated 15/04/25  
 Time Refrigerated 0745  
 Chlorine Residual .93 MG/L 7.4 PH  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	16/04/25-1422	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:W0002326R Collected: 15/04/25-0615 Status: COMP Req#: 15217818  
Received: 15/04/25-1025

Source: MUNICIPAL

Sp Desc: TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli  
Sample Information LABORATORY SINK  
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 WATER PLANT  
Postal Code B0T 1K0  
Sample Collected By LUCAS HARVEY  
Date Refrigerated 15/04/25  
Time Refrigerated 0745  
Chlorine Residual 1.35 MG/L 7.1 PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

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