

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

NAME: REGION, OF QUEENS MUNICIPALITY  
ACCT#:DK0000238/25  
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:W0003224R Collected: 14/05/25-0640 Status: COMP Req#: 15295041  
Received: 14/05/25-1151

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 AS  
Date Refrigerated 14/05/25  
Time Refrigerated 0730  
Chlorine Residual 0.59 MG/L 7.5 PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	15/05/25-1411	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:W0003222R Collected: 14/05/25-0705 Status: COMP Req#: 15295018  
Received: 14/05/25-1147

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 AS  
Date Refrigerated 14/05/25  
Time Refrigerated 0730  
Chlorine Residual 0.69 MG/L 7.5 PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

WATER PRESENT/ABSENCE	Final	15/05/25-1411	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:W0003220R Collected: 14/05/25-0650 Status: COMP Req#: 15294991  
Received: 14/05/25-1143

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 OLD COBBS  
Postal Code BOT 1K0  
Sample Collected By AS  
Date Refrigerated 14/05/25  
Time Refrigerated 0730  
Chlorine Residual 0.95 MG/L 7.5 PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

WATER PRESENT/ABSENCE	Final	15/05/25-1411	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:W0003219R Collected: 14/05/25-0610 Status: COMP Req#: 15294974  
Received: 14/05/25-1140

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 AS  
Date Refrigerated 14/05/25  
Time Refrigerated 0730  
Chlorine Residual 1.07 MG/L 7.3 PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

WATER PRESENT/ABSENCE	Final	15/05/25-1411	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 REGION OF QUE

Specimen: WT25:W0003217R Collected: 14/05/25-0620 Status: COMP Req#: 15294948  
Received: 14/05/25-1133

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 AS  
Date Refrigerated 14/05/25  
Time Refrigerated 0730  
Chlorine Residual 0.85 MG/L 6.9 PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

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E.coli	ABSENT/100ML		

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