

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

NAME: REGION, OF QUEEN'S MUNICIPALITY  
ACCT#:DK0000258/25  
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 : FAX,902-354-5038 REGION OF QUE

Specimen: WT25:W0003302R Collected: 20/05/25-0645 Status: COMP Req#: 15308751  
Received: 20/05/25-1052

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 PO BOX 1264  
Contact/Mailing City/Prov LIVERPOOL,NS  
Contact/Mailing Postal Code B0T 1K0  
Contact Telephone Number 902-354-7170  
Source Address WORKS DEPT LIVERPOOL,NS  
Postal Code B0T 1K0  
Sample Collected By DD  
Date Refrigerated 20/05/25  
Time Refrigerated 0738  
Chlorine Residual CH 0.7 MG/L 7.3 PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	21/05/25-1345	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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LOCATION: SS.LABO  
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY  
COPIES TO : FAX,902-354-5038 REGION OF QUE

Specimen: WT25:W0003305R Collected: 20/05/25-0620 Status: COMP Req#: 15308767  
Received: 20/05/25-1053

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 PO BOX 1264  
Contact/Mailing City/Prov LIVERPOOL,NS  
Contact/Mailing Postal Code B0T 1K0  
Contact Telephone Number 902-354-7170  
Source Address WATER PLANT LIVERPOOL,NS  
Postal Code B0T 1K0  
Sample Collected By DD  
Date Refrigerated 20/05/25  
Time Refrigerated 0738  
Chlorine Residual CH 1.2 MG/L 7.7 PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	21/05/25-1345	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:W0003307R Collected: 20/05/25-0720 Status: COMP Req#: 15308782  
Received: 20/05/25-1055

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 PO BOX 1264  
Contact/Mailing City/Prov LIVERPOOL,NS  
Contact/Mailing Postal Code B0T 1K0  
Contact Telephone Number 902-354-7170  
Source Address OLD COBBS LIVERPOOL,NS  
Postal Code B0T 1K0  
Sample Collected By DD  
Date Refrigerated 20/05/25  
Time Refrigerated 0738  
Chlorine Residual CH 0.8 MG/L 7.3 PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	21/05/25-1345	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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COPIES TO : FAX,902-354-5038 REGION OF QUE

Specimen: WT25:W0003309R Collected: 20/05/25-0700 Status: COMP Req#: 15308796  
Received: 20/05/25-1056

Source: MUNICIPAL  
Sp Desc:TREATED  
Ordered: WATER P/A  
Queries: Analysis Requested Both Total and E.coli  
Sample Information SAMPLE PORT  
Drinking Water Category? GOVERNMENT  
Contact/Mailing Address PO BOX 1264  
Contact/Mailing City/Prov LIVERPOOL,NS  
Contact/Mailing Postal Code B0T 1K0  
Contact Telephone Number 902-354-7170  
Source Address BROOKLYN  
Postal Code B0T 1K0  
Sample Collected By DD  
Date Refrigerated 20/05/25  
Time Refrigerated 0738  
Chlorine Residual CH 0.6 MG/L 7.2 PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	21/05/25-1345	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY  
COPIES TO : FAX, 902-354-5038 REGION OF QUE

Specimen: WT25:W0003317R Collected: 20/05/25-0730 Status: COMP Req#: 15308866  
Received: 20/05/25-1058

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 PO BOX 1264  
Contact/Mailing City/Prov LIVERPOOL.NS  
Contact/Mailing Postal Code BOT 1K0  
Contact Telephone Number 902-354-7170  
Source Address SCHOOL STREET LIVERPOOL, NS  
Postal Code BOT 1K0  
Sample Collected By DD  
Date Refrigerated 20/05/25  
Time Refrigerated 0738  
Chlorine Residual CH 0.4 MG/L 7.4 PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

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E.coli	ABSENT/100ML		

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\*\* END OF REPORT \*\*

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