

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

NAME: REGION, OF QUEEN'S MUNICIPALITY  
 ACCT#: DK0002237/17  
 ADDRESS: PO BOX 1264  
 ADDRESS: LIVERPOOL, NS, BOT 1K0  
 PHONE#: (902)354-3455  
 LOCATION: SS.LABO  
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY  
 COPIES TO :

Specimen: WT25:W0003752R    Collected: 03/06/25-0730    Status: COMP    Req#: 15348060  
 Received: 03/06/25-1119

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  
 Postal Code BOT 1K0  
 Sample Collected By DH  
 Date Refrigerated 03/06/25  
 Time Refrigerated 0738  
 Chlorine Residual 0.71MG/7.3PH  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	04/06/25-1342	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

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

NAME: REGION, OF QUEENS MUNICIPALITY  
 ACCT#:DK0000360/25  
 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:W0003750R Collected: 03/06/25-0645 Status: COMP Req#: 15348013  
 Received: 03/06/25-1113

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  
 Postal Code B0T 1K0  
 Sample Collected By DIT  
 Date Refrigerated 03/06/25  
 Time Refrigerated 0738  
 Chlorine Residual 0.9MG/7.6PH  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	04/06/25-1341	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

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 B4V 3S6

**NAME:** REGION, OF QUEENS MUNICIPALITY  
**ACCT#:** DK0000360/25  
**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 :** FAX902-354-5038, REGION OF QUEE

**Specimen:** WT25:W0003758R **Collected:** 03/06/25-0715 **Status:** COMP **Req#:** 15348137  
**Received:** 03/06/25-1128

**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 COBB  
 Postal Code B0T 1K0  
 Sample Collected By DH  
 Date Refrigerated 03/06/25  
 Time Refrigerated 0738  
 Chlorine Residual 0.95MG/7.3PH  
 Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

>	<b>WATER PRESENT/ABSENCE</b> Final		04/06/25-1341	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  
[www.gov.ns.ca/nse/water/thedroponwater.asp](http://www.gov.ns.ca/nse/water/thedroponwater.asp).

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NAME: REGION, OF QUEENS MUNICIPALITY  
 ACCT#:DK0000360/25  
 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 : FAX902-354-5038, REGION OF QUEE

Specimen: WT25:W0003761R Collected: 03/06/25-0700 Status: COMP Req#: 15348159  
 Received: 03/06/25-1132

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 DH  
 Date Refrigerated 03/06/25  
 Time Refrigerated 0738  
 Chlorine Residual 0.62MG/7.3PH  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	04/06/25-1343	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).

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B4V 3S6

NAME: REGION, OF QUEENS MUNICIPALITY  
ACCT#:DK0000360/25  
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 : FAX902-354-5038,REGION OF QUEE

Specimen: WT25:W0003764R Collected: 03/06/25-0615 Status: COMP Req#: 15348185  
Received: 03/06/25-1136

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 PO BOX 1264  
Contact/Mailing City/Prov LIVERPOOL, NS  
Contact/Mailing Postal Code B0T 1K0  
Contact Telephone Number 902-354-7170  
Source Address WATERPLANT  
Postal Code B0T 1K0  
Sample Collected By DH  
Date Refrigerated 03/06/25  
Time Refrigerated 0738  
Chlorine Residual 1.38MG/7.8PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 04/06/25-1341 YR  
TOTAL COLIFORM ABSENT/100ML  
E.coli ABSENT/100ML

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