

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

NAME: REGION, OF QUEENS MUNICIPALITY
 ACCT#:DK0000423/25
 ADDRESS: P O 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:W0003955R Collected: 10/06/25-0600 Status: COMP Req#: 15366984
 Received: 10/06/25-1040

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 10/06/25
 Time Refrigerated 1020
 Chlorine Residual 1.12 MG/L 7.4 PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final		11/06/25-1348	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.

YR - YARMOUTH REGIONAL HOSPITAL

***** Test Performed at Yarmouth Regional Hospital LAB *****
 Lab Fax (902)749-1576

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 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:W0003957R Collected: 10/06/25-0650 Status: COMP Req#: 15367013
 Received: 10/06/25-1049

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 BROOKLYN
 Postal Code BOT 1K0
 Sample Collected By LUCAS HARVEY
 Date Refrigerated 10/06/25
 Time Refrigerated 1020
 Chlorine Residual 0.86MG/L 7.2 PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final		11/06/25-1348	YR
TOTAL COLIFORM		ABSENT/100ML		
E.coli		ABSENT/100ML		

These results relate only to the water sample submitted for testing.

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

Specimen: WT25:W0003959R Collected: 10/06/25-0725 Status: COMP Req#: 15367034
 Received: 10/06/25-1052

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 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 10/06/25
 Time Refrigerated 1020
 Chlorine Residual 0.59 MG/L 7.2 PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	11/06/25-1348	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:W0003965R Collected: 10/06/25-0630 Status: COMP Req#: 15367103
 Received: 10/06/25-1102

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 LUCAS HARVEY
 Date Refrigerated 10/06/25
 Time Refrigerated 1020
 Chlorine Residual 0.71 MG/L 7.4 PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final		11/06/25-1348	YR
TOTAL COLIFORM		ABSENT/100ML		
E.coli		ABSENT/100ML		

These results relate only to the water sample submitted for testing.

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

Specimen: WT25:W0003967R Collected: 10/06/25-0710 Status: COMP Req#: 15367134
 Received: 10/06/25-1106

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 10/06/25
 Time Refrigerated 1020
 Chlorine Residual 0.83 MG/L 7.2 PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final		11/06/25-1348	YR
TOTAL COLIFORM		ABSENT/100ML		
E.coli		ABSENT/100ML		

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