

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

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#: DK0000470/25
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,1-902-354-5038 REGION OF Q

Specimen: WT25:W0004184R **Collected:** 17/06/25-0730 **Status:** COMP **Req#:** 15386139
Received: 17/06/25-1106

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 PO BOX 1264
 Contact/Mailing City/Prov LIVERPOOL, NS
 Contact/Mailing Postal Code B0T 1K0
 Contact Telephone Number 902-354-7170
 Source Address SCHOOL STREET
 Postal Code B0T 1K0
 Sample Collected By DD
 Date Refrigerated 17/06/25
 Time Refrigerated 0745
 Chlorine Residual 0.6MG/7.4PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	18/06/25-1405	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: PO BOX 1264
ADDRESS: LIVERPOOL, NS, BOT 1K0
PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO : FAX, 1-902-354-5038 REGION OF Q

Specimen: WT25:W0004181R **Collected:** 17/06/25-0610 **Status:** COMP **Req#:** 15386117
Received: 17/06/25-1102

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 BOT 1K0
 Contact Telephone Number 902-354-7170
 Source Address WATER PLANT
 Postal Code BOT 1K0
 Sample Collected By DD
 Date Refrigerated 17/06/25
 Time Refrigerated 0745
 Chlorine Residual 1.2MG/7.1PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	18/06/25-1405	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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Specimen: WT25:W0004180R **Collected:** 17/06/25-0710 **Status:** COMP **Req#:** 15386090
Received: 17/06/25-1059

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 OLD COBBS
 Postal Code BOT 1K0
 Sample Collected By DD
 Date Refrigerated 17/06/25
 Time Refrigerated 0745
 Chlorine Residual 0.8MG/7.5PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	18/06/25-1405	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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Specimen: WT25:W0004178R **Collected:** 17/06/25-0635 **Status:** COMP **Req#:** 15386061
Received: 17/06/25-1056

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 BOT 1K0
 Contact Telephone Number 902-354-7170
 Source Address WORKS DEPT
 Postal Code BOT 1K0
 Sample Collected By DD
 Date Refrigerated 17/06/25
 Time Refrigerated 0745
 Chlorine Residual 0.8MG/7.6PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

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TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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Specimen: WT25:W0004173R **Collected:** 17/06/25-0655 **Status:** COMP **Req#:** 15385991
Received: 17/06/25-1045

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 902-634-7170
 Source Address BROOKLYN
 Postal Code BOT 1K0
 Sample Collected By DD
 Date Refrigerated 17/06/25
 Time Refrigerated 0745
 Chlorine Residual 0.7MG/7.4PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

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E.coli	ABSENT/100ML		

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