

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

NAME: REGION, OF QUEENS MUNICIPALITY  
 ACCT#:DK0000880/25  
 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:W0006066R Collected: 12/08/25-0610 Status: COMP Req#: 15529065  
 Received: 12/08/25-0928

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  
 Postal Code B0T 1K0  
 Sample Collected By LUCAS HARVEY  
 Date Refrigerated 12/08/25  
 Time Refrigerated 0735  
 Chlorine Residual 1.26MG/7.8PH  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	<u>WATER PRESENT/ABSENCE</u> Final		13/08/25-1341	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

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

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

Specimen: WT25:W0006065R Collected: 12/08/25-0710 Status: COMP Req#: 15529048  
 Received: 12/08/25-0925

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  
 Postal Code B0T 1K0  
 Sample Collected By LUCAS HARVEY  
 Date Refrigerated 12/08/25  
 Time Refrigerated 0735  
 Chlorine Residual 0.86MG/7.7PH  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	13/08/25-1341	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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Specimen: WT25:W0006063R Collected: 12/08/25-0655 Status: COMP Req#: 15529006  
 Received: 12/08/25-0919

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 BROOKLYN  
 Postal Code BOT 1K0  
 Sample Collected By LUCAS HARVEY  
 Date Refrigerated 12/08/25  
 Time Refrigerated 0735  
 Chlorine Residual 0.46MG/7.6PH  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	13/08/25-1341	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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Specimen: WT25:W0006062R Collected: 12/08/25-0725 Status: COMP Req#: 15528986  
Received: 12/08/25-0916

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 LUCAS HARVEY  
Date Refrigerated 12/08/25  
Time Refrigerated 0735  
Chlorine Residual 0.32MG/7.9PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	13/08/25-1341	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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Specimen: WT25:W0006061R Collected: 12/08/25-0635 Status: COMP Req#: 15528960  
 Received: 12/08/25-0910

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 DEPARTMENT  
 Postal Code BOT 1K0  
 Sample Collected By LUCAS HARVEY  
 Date Refrigerated 12/08/25  
 Time Refrigerated 0735  
 Chlorine Residual 0.67MG/7.7PH  
 Delivery By Fax Y

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MICROBIOLOGY

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

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