

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

NAME: REGION, OF QUEENS MUNICIPALITY  
 ACCT#:DK0000978/25  
 ADDRESS: P O BOX 1264  
 ADDRESS: LIVERPOOL,NS,B0T 1K0  
 PHONE#: (902)354-7170  
 LOCATION: SS.LABO  
 SUBMITTING DR: FAX,902-354-5038 REGION OF QUE  
 COPIES TO :

Specimen: WT25:W0006513R Collected: 26/08/25-0630 Status: COMP Req#: 15565128  
 Received: 26/08/25-0957

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 WORKS DEPT  
 Postal Code B0T 1K0  
 Sample Collected By AS  
 Date Refrigerated 26/08/25  
 Time Refrigerated 0730  
 Chlorine Residual 0.73 MG/L 7.8 PH  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	27/08/25-1355	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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 PHONE#: (902)354-7170  
 LOCATION: SS.LABO  
 SUBMITTING DR: FAX,902-354-5038 REGION OF QUE  
 COPIES TO :

Specimen: WT25:W0006512R Collected: 26/08/25-0645 Status: COMP Req#: 15565111  
 Received: 26/08/25-0955

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 BROOKLYN  
 Postal Code B0T 1K0  
 Sample Collected By AS  
 Date Refrigerated 26/08/25  
 Time Refrigerated 0730  
 Chlorine Residual 0.49 MG/L 7.6 PH  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	27/08/25-1352	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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

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For interpretation contact Nova Scotia Environment  
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**PHONE#:** (902)354-7170  
**LOCATION:** SS.LABO  
**SUBMITTING DR:** FAX, 902-354-5038 REGION OF QUE  
**COPIES TO :**

**Specimen:** WT25:W0006511R **Collected:** 26/08/25-0700 **Status:** COMP **Req#:** 15565096  
**Received:** 26/08/25-0949

**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 AS  
 Date Refrigerated 26/08/25  
 Time Refrigerated 0730  
 Chlorine Residual 0.87 MG/L 7.6 PH  
 Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

> WATER PRESENT/ABSENCE	Final	27/08/25-1352	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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

**Specimen:** WT25:W0006509R    **Collected:** 26/08/25-0715    **Status:** COMP    **Req#:** 15565047  
**Received:** 26/08/25-0941

**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 AS  
 Date Refrigerated 26/08/25  
 Time Refrigerated 0730  
 Chlorine Residual 0.54 MG/L 7.6 PH  
 Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

> WATER PRESENT/ABSENCE	Final	27/08/25-1352	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:W0006508R Collected: 26/08/25-0610 Status: COMP Req#: 15565026  
 Received: 26/08/25-0929

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 AS  
 Date Refrigerated 26/08/25  
 Time Refrigerated 0730  
 Chlorine Residual 1.42 MG/L 7.1 PH  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	27/08/25-1352	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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