

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

**NAME:** REGION, OF QUEENS MUNICIPALITY  
**ACCT#:** DK0001010/25  
**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:W0006667R    **Collected:** 02/09/25-0730    **Status:** COMP    **Req#:** 15581199  
**Received:** 02/09/25-1050

**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 02/09/25  
 Time Refrigerated 0730  
 Chlorine Residual 0.81 MG/L 7.6 PH  
 Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

> WATER PRESENT/ABSENCE	Final	03/09/25-1339	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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 ACCT#: DK0001010/25  
 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:W0006669R Collected: 02/09/25-0645 Status: COMP Req#: 15581231  
 Received: 02/09/25-1057

Source: DRILLED WELL

Sp Desc: TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli  
 Sample Information SAMPLE PORT  
 Drinking Water Category? GOVERNMENT  
 Registration Number{If applicable} 2003-032313  
 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 COWIE WELL  
 Postal Code B0T 1K0  
 Sample Collected By LUCAS HARVEY  
 Date Refrigerated 02/09/25  
 Time Refrigerated 0730  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	03/09/25-1339	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:W0006671R    **Collected:** 02/09/25-0715    **Status:** COMP    **Req#:** 15581261  
**Received:** 02/09/25-1100

**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 OLD COBBS  
 Postal Code B0T 1K0  
 Sample Collected By LUCAS HARVEY  
 Date Refrigerated 02/09/25  
 Time Refrigerated 0730  
 Chlorine Residual 1.06 MG/L 7.6 PH  
 Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

> WATER PRESENT/ABSENCE	Final	03/09/25-1339	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:W0006676R **Collected:** 02/09/25-0630 **Status:** COMP **Req#:** 15581305  
**Received:** 02/09/25-1102

**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 B0T 1K0  
Contact Telephone Number 9023547170  
Source Address WORKS DEPT  
Postal Code B0T 1K0  
Sample Collected By LUCAS HARVEY  
Date Refrigerated 02/09/25  
Time Refrigerated 0730  
Chlorine Residual 0.85 MG/L 7.4 PH  
Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	03/09/25-1339	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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 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:W0006677R Collected: 02/09/25-0700 Status: COMP Req#: 15581337  
 Received: 02/09/25-1108

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 LUCAS HARVEY  
 Date Refrigerated 02/09/25  
 Time Refrigerated 0730  
 Chlorine Residual 0.78 MG/L 7.5 PH  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	03/09/25-1339	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:W0006679R Collected: 02/09/25-0620 Status: COMP Req#: 15581362  
Received: 02/09/25-1112

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 02/09/25  
Time Refrigerated 0730  
Chlorine Residual 1.16 MG/L 7.5 PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	03/09/25-1339	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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