

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

(902) 527-5261 (chem)
 Lab Fax (902) 543-1562

NAME: REGION, OF QUEENS MUNICIPALITY
 UPHI#: UNIT#: DOB: AGE/SEX: U/U
 ACCT#: DK0001054/25
 ADDRESS: PO BOX 1264
 ADDRESS: LIVERPOOL, NS, B0T 1K0
 PHONE#: (902) 354-7170
 LOCATION: SS.LABO ROOM/BED:
 ATTENDING DR : REGION OF QUEEN'S MUNICIPALITY
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
 COPIES TO : FAX, 902-354-5038 region of qu

Specimen: WT25:W0006876R Collected: 09/09/25-0615 Status: COMP Req#: 15599664
 Received: 09/09/25-0924

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 MM
 Date Refrigerated 09/09/25
 Time Refrigerated 0740
 Chlorine Residual 1.37MG/7.7PH
 Delivery By Fax Y

MICROBIOLOGY

WATER PRESENT/ABSENCE	Final	10/09/25-1402	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 ROOM/BED:
 ATTENDING DR : REGION OF QUEEN'S MUNICIPALITY
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
 COPIES TO : FAX, 902-354-5038 REGION OF QU

Specimen: WT25:W0006875R Collected: 09/09/25-0740 Status: COMP Req#: 15599645
 Received: 09/09/25-0921

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 MM
 Date Refrigerated 09/09/25
 Time Refrigerated 0740
 Chlorine Residual 0.60MG/7.6PH
 Delivery By Fax Y

MICROBIOLOGY

WATER PRESENT/ABSENCE	Final	10/09/25-1402	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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NAME: REGION, OF QUEENS MUNICIPALITY
UPI#: **UNIT#:**
DOB: **AGE/SEX: U/U**
ACCT#:DK0001054/25
ADDRESS: PO BOX 1264
ADDRESS: LIVERPOOL, NS, B0T 1K0
PHONE#: (902)354-7170
LOCATION: SS.LABO **ROOM/BED:**
ATTENDING DR : REGION OF QUEEN'S MUNICIPALITY
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO : FAX,902-354-5038 REGION OF QU

Specimen: WT25:W0006879R **Collected:** 09/09/25-0645 **Status:** COMP **Req#:** 15599706
Received: 09/09/25-0933

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 WORKS DEPARTMENT
 Postal Code B0T 1K0
 Sample Collected By MM
 Date Refrigerated 09/09/25
 Time Refrigerated 0740
 Chlorine Residual 0.67MG/7.8PH
 Delivery By Fax Y

MICROBIOLOGY

WATER PRESENT/ABSENCE Final	10/09/25-1402	YR
TOTAL COLIFORM	ABSENT/100ML	
E.coli	ABSENT/100ML	

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ADDRESS: PO BOX 1264
ADDRESS: LIVERPOOL, NS, BOT 1K0
PHONE#: (902)354-7170
LOCATION: SS.LABO **ROOM/BED:**
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SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO : FAX, 902-354-5038 REGION OF QU

Specimen: WT25:W0006877R **Collected:** 09/09/25-0705 **Status:** COMP **Req#:** 15599678
Received: 09/09/25-0928

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 MM
 Date Refrigerated 09/09/25
 Time Refrigerated 0740
 Chlorine Residual 0.65MG/7.6PH
 Delivery By Fax Y

MICROBIOLOGY

WATER PRESENT/ABSENCE Final		10/09/25-1402	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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DOB: **AGE/SEX:** U/U
ACCT#: DK0001054/25
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ADDRESS: LIVERPOOL, NS, BOT 1K0
PHONE#: (902)354-7170
LOCATION: SS.LABO **ROOM/BED:**
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SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO : FAX, 902-354-5038 REGION OF QU

Specimen: WT25:W0006878R **Collected:** 09/09/25-0720 **Status:** COMP **Req#:** 15599693
Received: 09/09/25-0931

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 COBB
 Postal Code BOT 1K0
 Sample Collected By MM
 Date Refrigerated 09/09/25
 Time Refrigerated 0740
 Chlorine Residual 0.88MG/7.6PH
 Delivery By Fax Y

MICROBIOLOGY

WATER PRESENT/ABSENCE Final		10/09/25-1402	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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