

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

NAME: REGION, OF QUEENS MUNICIPALITY
 ACCT#:DK0001170/25
 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:W0007541R Collected: 01/10/25-0715 Status: COMP Req#: 15659092
 Received: 01/10/25-1032

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 01/10/25
 Time Refrigerated 0730
 Chlorine Residual 0.90 MG/L 7.6 PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	02/10/25-1414	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: P O BOX 1264
ADDRESS: LIVERPOOL, NS, BOT 1K0
PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: FAX, 902-354-5038 REGION OF QUE
COPIES TO :

Specimen: WT25:W0007543R **Collected:** 01/10/25-0615 **Status:** COMP **Req#:** 15659105
Received: 01/10/25-1037

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 BOT 1K0
 Contact Telephone Number 9023547170
 Source Address WATER PLANT
 Postal Code BOT 1K0
 Sample Collected By LUCAS HARVEY
 Date Refrigerated 01/10/25
 Time Refrigerated 0730
 Chlorine Residual 1.03 MG/L 7.8 PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	02/10/25-1414	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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

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 PHONE#: (902)354-7170
 LOCATION: SS.LABO
 SUBMITTING DR: FAX,902-354-5038 REGION OF QUE
 COPIES TO :

Specimen: WT25:W0007547R Collected: 01/10/25-0730 Status: COMP Req#: 15659119
 Received: 01/10/25-1040

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 01/10/25
 Time Refrigerated 0730
 Chlorine Residual 0.71 MG/L 7.6 PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	02/10/25-1414	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:W0007550R Collected: 01/10/25-0635 Status: COMP Req#: 15659151
 Received: 01/10/25-1043

Source: MUNICIPAL

Sp Desc:TREATED

Ordered: WATER P/A

Queries: Analysis Requested Both Total and E.coli
 Sample Information SAMPLE PORRT
 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 01/10/25
 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	02/10/25-1414	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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 LOCATION: SS.LABO
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 COPIES TO :

Specimen: WT25:W0007557R Collected: 01/10/25-0700 Status: COMP Req#: 15659176
 Received: 01/10/25-1046

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 BROOKLYN
 Postal Code BOT 1K0
 Sample Collected By LUCAS HARVEY
 Date Refrigerated 01/10/25
 Time Refrigerated 0730
 Chlorine Residual 0.53 MG/L 7.5 PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	02/10/25-1414	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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