

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

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#: DK0001221/25
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:W0007760R **Collected:** 07/10/25-0630 **Status:** COMP **Req#:** 15673967
Received: 07/10/25-1110

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 BROOKLYN
 Postal Code B0T 1K0
 Sample Collected By ADAM SCHNARE
 Date Refrigerated 07/10/25
 Time Refrigerated 0730
 Chlorine Residual 0.61MG/7.6PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

| | | |
|--------------------------------------|---------------|----|
| > WATER PRESENT/ABSENCE Final | 08/10/25-1504 | 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: 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:W0007766R Collected: 07/10/25-0645 Status: COMP Req#: 15673993
 Received: 07/10/25-1114

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 ADAM SCHNARE
 Date Refrigerated 07/10/25
 Time Refrigerated 0730
 Chlorine Residual 0.88MG/7.6PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

| | | | |
|-------------------------|--------------|---------------|----|
| > WATER PRESENT/ABSENCE | Final | 08/10/25-1505 | YR |
| TOTAL COLIFORM | ABSENT/100ML | | |
| E.coli | ABSENT/100ML | | |

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LOCATION: SS.LABO
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COPIES TO : FAX, 902-354-5038 REGION OF QUEE

Specimen: WT25:W0007750R Collected: 07/10/25-0550 Status: COMP Req#: 15673886
Received: 07/10/25-1057

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 ADAM SCHNARE
Date Refrigerated 07/10/25
Time Refrigerated 0730
Chlorine Residual 1.28MG/6.8PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

| | | | |
|-------------------------|--------------|---------------|----|
| > WATER PRESENT/ABSENCE | Final | 08/10/25-1504 | 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 QUEE

Specimen: WT25:W0007755R Collected: 07/10/25-0615 Status: COMP Req#: 15673934
 Received: 07/10/25-1105

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 DEPT
 Postal Code B0T 1K0
 Sample Collected By ADAM SCHNARE
 Date Refrigerated 07/10/25
 Time Refrigerated 0730
 Chlorine Residual 0.78MG/7.8PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

| | | | |
|-------------------------|--------------|---------------|----|
| > WATER PRESENT/ABSENCE | Final | 08/10/25-1505 | YR |
| TOTAL COLIFORM | ABSENT/100ML | | |
| E.coli | ABSENT/100ML | | |

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Specimen: WT25:W0007756R **Collected:** 07/10/25-0700 **Status:** COMP **Req#:** 15673946
Received: 07/10/25-1107

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 SCHOOL STREET
 Postal Code B0T 1K0
 Sample Collected By ADAM SCHNARE
 Date Refrigerated 07/10/25
 Time Refrigerated 0730
 Chlorine Residual 0.66MG/7.0PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

| | | | |
|-------------------------|--------------|---------------|----|
| > WATER PRESENT/ABSENCE | Final | 08/10/25-1505 | YR |
| TOTAL COLIFORM | ABSENT/100ML | | |
| E.coli | ABSENT/100ML | | |

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