

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

NAME: REGION, OF QUEENS MUNICIPALITY  
ACCT#:DK0001312/25  
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 QUEE

Specimen: WT25:W0008226R Collected: 22/10/25-0635 Status: COMP Req#: 15713211  
Received: 22/10/25-1115

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 22/10/25  
Time Refrigerated 0730  
Chlorine Residual 0.77MG/7.9PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	23/10/25-1343	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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Specimen: WT25:W0008225R Collected: 22/10/25-0625 Status: COMP Req#: 15713192  
Received: 22/10/25-1112

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 WORKS DEPT  
Postal Code BOT 1K0  
Sample Collected By ADAM SCHNARE  
Date Refrigerated 22/10/25  
Time Refrigerated 0730  
Chlorine Residual 0.85MG/8.2PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	23/10/25-1343	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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Specimen: WT25:W0008224R Collected: 22/10/25-0600 Status: COMP Req#: 15713175  
 Received: 22/10/25-1110

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 22/10/25  
 Time Refrigerated 0730  
 Chlorine Residual 1.13MG/8.3PH  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	23/10/25-1343	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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Specimen: WT25:W0008222R Collected: 22/10/25-0700 Status: COMP Req#: 15713156  
Received: 22/10/25-1107

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 OLD COBBS  
Postal Code B0T 1K0  
Sample Collected By ADAM SCHNARE  
Date Refrigerated 22/10/25  
Time Refrigerated 0730  
Chlorine Residual 1.07MG/7.8PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	23/10/25-1343	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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Specimen: WT25:W0008220R Collected: 22/10/25-0710 Status: COMP Req#: 15713120  
Received: 22/10/25-1059

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 22/10/25  
Time Refrigerated 0730  
Chlorine Residual 0.95MG/7.8PH  
Delivery By Fax Y

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MICROBIOLOGY

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E.coli	ABSENT/100ML		

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