

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

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#: DK0001366/25
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:W0008425R **Collected:** 29/10/25-0645 **Status:** COMP **Req#:** 15731693
Received: 29/10/25-1032

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 BROOKLYN
 Postal Code B0T 1K0
 Sample Collected By ADAM S
 Date Refrigerated 29/10/25
 Time Refrigerated 0730
 Chlorine Residual 0.78 MG/L 7.7 PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	30/10/25-1437	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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 BRIDGEWATER , NS
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ACCT#: DK0001366/25
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:W0008427R **Collected:** 29/10/25-0700 **Status:** COMP **Req#:** 15731722
Received: 29/10/25-1038

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 ADAM S
 Date Refrigerated 29/10/25
 Time Refrigerated 0730
 Chlorine Residual 1.08 MG/L 7.8 PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	30/10/25-1437	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:W0008431R **Collected:** 29/10/25-0600 **Status:** COMP **Req#:** 15731780
Received: 29/10/25-1048

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 WATER PLANT
 Postal Code B0T 1K0
 Sample Collected By ADAM S
 Date Refrigerated 29/10/25
 Time Refrigerated 0730
 Chlorine Residual 1.14 MG/L 7.6 PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	30/10/25-1437	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:W0008432R **Collected:** 29/10/25-0630 **Status:** COMP **Req#:** 15731798
Received: 29/10/25-1052

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 WORKS DEPT
 Postal Code BOT 1K0
 Sample Collected By ADAM SCHNARE
 Date Refrigerated 29/10/25
 Time Refrigerated 0730
 Chlorine Residual 0.92 MG/L 8.0 PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	30/10/25-1437	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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