

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

**NAME:** REGION, OF QUEENS MUNICIPALITY  
**ACCT#:** DK0001465/25  
**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:W0008879R **Collected:** 18/11/25-0605 **Status:** COMP **Req#:** 15786061  
**Received:** 18/11/25-1039

**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 18/11/25  
 Chlorine Residual 1.12MG/7.5PH  
 Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

> WATER PRESENT/ABSENCE	Final	19/11/25-1450	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:W0008883R **Collected:** 18/11/25-0630 **Status:** COMP **Req#:** 15786130  
**Received:** 18/11/25-1047

**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 DEPARTMENT  
 Postal Code BOT 1K0  
 Sample Collected By ADAM SCHNARE  
 Date Refrigerated 18/11/25  
 Chlorine Residual 0.66MG/7.5PH  
 Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

> WATER PRESENT/ABSENCE	Final	19/11/25-1450	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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**Specimen:** WT25:W0008885R    **Collected:** 18/11/25-0640    **Status:** COMP    **Req#:** 15786155  
**Received:** 18/11/25-1051

**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 18/11/25  
 Chlorine Residual 0.63MG/7.3PH  
 Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

> WATER PRESENT/ABSENCE	Final	19/11/25-1450	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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**Specimen:** WT25:W0008887R    **Collected:** 18/11/25-0655    **Status:** COMP    **Req#:** 15786186  
**Received:** 18/11/25-1054

**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 COBBS  
 Postal Code BOT 1K0  
 Sample Collected By ADAM SCHNARE  
 Date Refrigerated 18/11/25  
 Chlorine Residual 0.78MG/7.4PH  
 Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

> WATER PRESENT/ABSENCE	Final	19/11/25-1450	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY  
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Specimen: WT25:W0008889R Collected: 18/11/25-0705 Status: COMP Req#: 15786208  
Received: 18/11/25-1057

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 18/11/25  
Chlorine Residual 0.70MG/6.9PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

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E.coli	ABSENT/100ML		

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