

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

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#: DK0001491/25
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:W0009063R **Collected:** 25/11/25-0645 **Status:** COMP **Req#:** 15806655
Received: 25/11/25-1108

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 LUCAS H
 Date Refrigerated 25/11/25
 Time Refrigerated 0730
 Chlorine Residual 0.51 MG/L 7.5 PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	26/11/25-1433	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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LOCATION: SS.LABO
SUBMITTING DR: FAX, 902-354-5038 REGION OF QUE
COPIES TO :

Specimen: WT25:W0009065R **Collected:** 25/11/25-0720 **Status:** COMP **Req#:** 15806718
Received: 25/11/25-1117

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 H
 Date Refrigerated 25/11/25
 Time Refrigerated 0730
 Chlorine Residual 0.83 MG/L 7.6 PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	26/11/25-1433	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.

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 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:W0009066R Collected: 25/11/25-0630 Status: COMP Req#: 15806744
 Received: 25/11/25-1120

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 WORKS DEPT
 Postal Code B0T 1K0
 Sample Collected By LUCAS H
 Date Refrigerated 25/11/25
 Time Refrigerated 0730
 Chlorine Residual 0.80 MG/L 7.7 PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	26/11/25-1433	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:W0009067R **Collected:** 25/11/25-0605 **Status:** COMP **Req#:** 15806781
Received: 25/11/25-1123

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 B0T 1K0
 Contact Telephone Number 9023547170
 Source Address WATER PLANT
 Postal Code B0T 1K0
 Sample Collected By LUCAS HARVEY
 Date Refrigerated 25/11/25
 Time Refrigerated 0730
 Chlorine Residual 1.12 MG/L 7.7 PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	26/11/25-1433	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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