

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

NAME: REGION, OF QUEENS MUNICIPALITY
 ACCT#:DK0001696/25
 ADDRESS: PO BOX 1264
 ADDRESS: LIVERPOOL,NS,BOT 1K0
 PHONE#: (902)354-7170
 LOCATION: SS.LABO
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
 COPIES TO : FAX,902-354-5038REGION OF QUEE

Specimen: WT26:W0000382R Collected: 20/01/26-0740 Status: COMP Req#: 15952535
 Received: 20/01/26-0916

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 SCHOOL STREET
 Postal Code BOT 1K0
 Sample Collected By DD
 Date Refrigerated 20/01/26
 Time Refrigerated 0751
 Chlorine Residual 0.8MG/7.2PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	21/01/26-1453	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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PHONE#: (902) 354-7170
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO : FAX, 902-354-5038 REGION OF QUEE

Specimen: WT26:W0000383R **Collected:** 20/01/26-0705 **Status:** COMP **Req#:** 15952557
Received: 20/01/26-0920

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 DD
 Date Refrigerated 20/01/26
 Time Refrigerated 0751
 Chlorine Residual 0.8MG/7.3PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	21/01/26-1453	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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 PHONE#: (902)354-7170
 LOCATION: SS.LABO
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
 COPIES TO : FAX,902-354-5038REGION OF QUEE

Specimen: WT26:W0000385R Collected: 20/01/26-0645 Status: COMP Req#: 15952595
 Received: 20/01/26-0925

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 DD
 Date Refrigerated 20/01/26
 Time Refrigerated 0751
 Chlorine Residual 0.9MG/7.4PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	21/01/26-1453	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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 PHONE#: (902)354-7170
 LOCATION: SS.LABO
 SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
 COPIES TO : FAX,902-354-5038REGION OF QUEE

Specimen: WT26:W0000386R Collected: 20/01/26-0620 Status: COMP Req#: 15952610
 Received: 20/01/26-0928

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 DD
 Date Refrigerated 20/01/26
 Time Refrigerated 0751
 Chlorine Residual 1.2MG/7.4PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	21/01/26-1453	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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Specimen: WT26:W0000387R Collected: 20/01/26-0720 Status: COMP Req#: 15952624
 Received: 20/01/26-0931

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 DD
 Date Refrigerated 20/01/26
 Time Refrigerated 0751
 Chlorine Residual 1.0MG/7.3PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

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TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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