

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

**NAME:** REGION, OF QUEENS MUNICIPALITY  
**ACCT#:** DK0001738/25  
**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:** WT26:W0000615R **Collected:** 29/01/26-0640 **Status:** COMP **Req#:** 15977355  
**Received:** 29/01/26-0919

**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 MATTHEW MACADAMS  
Date Refrigerated 29/01/26  
Time Refrigerated 0740  
Chlorine Residual 0.93MG/7.5PH  
Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	30/01/26-1415	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

Nova Scotia Health Authority SOUTH SHORE REGIONAL HOSPITAL 90 GLEN ALLAN DRIVE BRIDGEWATER , NS B4V 3S6	NAME: REGION, OF QUEENS MUNICIPALITY ACCT#:DK0001738/25 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
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Specimen: WT26:W0000616R    Collected: 29/01/26-0735    Status: COMP    Req#: 15977372  
 Received: 29/01/26-0921

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 MATTHEW MACADAMS  
 Date Refrigerated 29/01/26  
 Time Refrigerated 0740  
 Chlorine Residual 0.94MG/7.4PH  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE Final	30/01/26-1415	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:** REGION OF QUEEN'S MUNICIPALITY  
**COPIES TO :** FAX, 902-354-5038 REGION OF QUEE

**Specimen:** WT26:W0000618R    **Collected:** 29/01/26-0715    **Status:** COMP    **Req#:** 15977389  
**Received:** 29/01/26-0925

**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 OLD COBBS  
Postal Code B0T 1K0  
Sample Collected By MATTHEW MACADAMS  
Date Refrigerated 29/01/26  
Time Refrigerated 0740  
Chlorine Residual 1.03MG/7.4PH  
Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

>	<u>WATER PRESENT/ABSENCE</u> Final		30/01/26-1415	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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ACCT#:DK0001738/25  
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: WT26:W0000620R Collected: 29/01/26-0655 Status: COMP Req#: 15977413  
Received: 29/01/26-0927

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 MATTHEW MACADAMS  
Date Refrigerated 29/01/26  
Time Refrigerated 0740  
Chlorine Residual 1.07MG/7.4PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	30/01/26-1415	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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ACCT#:DK0001738/25  
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, 902-354-5038 REGION OF QUEE

Specimen: WT26:W0000622R Collected: 29/01/26-0610 Status: COMP Req#: 15977442  
Received: 29/01/26-0933

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 BOT 1K0  
Contact Telephone Number 902-354-7170  
Source Address WATER PLANT  
Postal Code BOT 1K0  
Sample Collected By MATTHEW MACADAMS  
Date Refrigerated 29/01/26  
Time Refrigerated 0740  
Chlorine Residual 1.24MG/7.6PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	30/01/26-1415	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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