

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

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#: DK0001803/25
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:W0000855R **Collected:** 10/02/26-0630 **Status:** COMP **Req#:** 16008334
Received: 10/02/26-0932

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 10/02/26
Chlorine Residual 0.81MG/7.1PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

| | | | | |
|---|-----------------------|--------------|---------------|----|
| > | WATER PRESENT/ABSENCE | Final | 11/02/26-1511 | 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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NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#: DK0001803/25
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:W0000854R **Collected:** 10/02/26-0605 **Status:** COMP **Req#:** 16008294
Received: 10/02/26-0925

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 ADAM SCHNARE
 Date Refrigerated 10/02/26
 Chlorine Residual 1.31MG/7.1PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

| | | | | |
|---|------------------------------|--------------|---------------|----|
| > | WATER PRESENT/ABSENCE | Final | 11/02/26-1511 | 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, 902-354-5038 REGION OF QUEE

Specimen: WT26:W0000852R **Collected:** 10/02/26-0705 **Status:** COMP **Req#:** 16008274
Received: 10/02/26-0922

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 ADAM SCHNARE
 Date Refrigerated 10/02/26
 Chlorine Residual 0.76MG/7.1PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

| | | | | |
|---|------------------------------|--------------|---------------|----|
| > | WATER PRESENT/ABSENCE | Final | 11/02/26-1507 | 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:W0000850R Collected: 10/02/26-0650 Status: COMP Req#: 16008243
 Received: 10/02/26-0915

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 COBB
 Postal Code B0T 1K0
 Sample Collected By ADAM SCHNARE
 Date Refrigerated 10/02/26
 Chlorine Residual 1.11MG/7.1PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

| | | | | |
|---|-----------------------|--------------|---------------|----|
| > | WATER PRESENT/ABSENCE | Final | 11/02/26-1511 | YR |
| | TOTAL COLIFORM | ABSENT/100ML | | |
| | E.coli | ABSENT/100ML | | |

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Specimen: WT26:W0000846R **Collected:** 10/02/26-0615 **Status:** COMP **Req#:** 16008176
Received: 10/02/26-0905

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 ADAM SCHNARE
 Date Refrigerated 10/02/26
 Chlorine Residual 1.05MG/6.9PH
 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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