

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

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#: DK0001836/25
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 REGIO OF QUEE

Specimen: WT26:W0001051R **Collected:** 18/02/26-0610 **Status:** COMP **Req#:** 16030038
Received: 18/02/26-1106

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 DD
Date Refrigerated 18/02/26
Time Refrigerated 0840
Chlorine Residual 1.1MG/7.3PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	<u>WATER PRESENT/ABSENCE</u>	Final	19/02/26-1343	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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ACCT#: DK0001836/25
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:W0001047R **Collected:** 18/02/26-0830 **Status:** COMP **Req#:** 16029957
Received: 18/02/26-1054

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 B0T 1K0
 Contact Telephone Number 902-354-7170
 Source Address SCHOOL STREET
 Postal Code B0T 1K0
 Sample Collected By DD
 Date Refrigerated 18/02/26
 Time Refrigerated 0840
 Chlorine Residual 0.82MG/7.4PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	19/02/26-1343	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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Specimen: WT26:W0001048R **Collected:** 18/02/26-0720 **Status:** COMP **Req#:** 16029976
Received: 18/02/26-1059

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 18/02/26
Time Refrigerated 0840
Chlorine Residual 1.10MG/7.3PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	<u>WATER PRESENT/ABSENCE</u>	Final	19/02/26-1343	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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Specimen: WT26:W0001050R **Collected:** 18/02/26-0710 **Status:** COMP **Req#:** 16030019
Received: 18/02/26-1104

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 18/02/26
Time Refrigerated 0840
Chlorine Residual 0.7MG/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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Specimen: WT26:W0001052R **Collected:** 18/02/26-0650 **Status:** COMP **Req#:** 16030055
Received: 18/02/26-1108

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 PO BOX 1264
 Contact/Mailing City/Prov LIVERPOOL, NS
 Contact/Mailing Postal Code BOT 1K0
 Contact Telephone Number 902-354-7170
 Source Address WORKS DEPT
 Postal Code BOT 1K0
 Sample Collected By DD
 Date Refrigerated 18/02/26
 Time Refrigerated 0840
 Chlorine Residual 1.0MG/7.3PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

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