

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

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#: DK0001862/25
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:W0001185R **Collected:** 25/02/26-0635 **Status:** COMP **Req#:** 16049689
Received: 25/02/26-1110

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 MATHEW MACADAMS
 Date Refrigerated 25/02/26
 Time Refrigerated 0730
 Chlorine Residual 1.07MG/7.2PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	26/02/26-1433	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

Nova Scotia Health Authority
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NAME: REGION, OF QUEENS MUNICIPALITY
 ACCT#:DK0001862/25
 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:W0001184R Collected: 25/02/26-0735 Status: COMP Req#: 16049677
 Received: 25/02/26-1108

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 B0T 1K0
 Contact Telephone Number 902-354-7170
 Source Address SCHOOL STREET
 Postal Code B0T 1K0
 Sample Collected By MATTHEW MACADAMS
 Date Refrigerated 25/02/26
 Time Refrigerated 0730
 Chlorine Residual 0.88MG/7.3PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	26/02/26-1433	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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 at 1-877-936-8476 or visit
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 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,902-354-5038REGION OF QUEE

Specimen: WT26:W0001183R Collected: 25/02/26-0710 Status: COMP Req#: 16049663
 Received: 25/02/26-1105

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 25/02/26
 Time Refrigerated 0730
 Chlorine Residual 1.06MG/7.2PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	26/02/26-1433	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: REGION OF QUEEN'S MUNICIPALITY
 COPIES TO : FAX,902-354-5038REGION OF QUEE

Specimen: WT26:W0001182R Collected: 25/02/26-0605 Status: COMP Req#: 16049650
 Received: 25/02/26-1103

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 MATTHEW MACADAMS
 Date Refrigerated 25/02/26
 Time Refrigerated 0730
 Chlorine Residual 1.24MG/7.3PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	26/02/26-1433	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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Specimen: WT26:W0001181R Collected: 25/02/26-0655 Status: COMP Req#: 16049637
 Received: 25/02/26-1100

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 25/02/26
 Time Refrigerated 0730
 Chlorine Residual 0.80MG/7.3PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	26/02/26-1433	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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