

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

**NAME:** REGION, OF QUEENS MUNICIPALITY  
**ACCT#:** DK0001912/25  
**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:W0001482R    **Collected:** 10/03/26-0725    **Status:** COMP    **Req#:** 16086636  
**Received:** 10/03/26-0941

**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 10/03/26  
 Time Refrigerated 0733  
 Chlorine Residual 0.8MG/7.5PH  
 Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

|                         |              |               |    |
|-------------------------|--------------|---------------|----|
| > WATER PRESENT/ABSENCE | Final        | 11/03/26-1323 | 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

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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:W0001481R Collected: 10/03/26-0610 Status: COMP Req#: 16086613  
 Received: 10/03/26-0937

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 10/03/26  
 Time Refrigerated 0733  
 Chlorine Residual 1.2MG/8.3PH  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

|                         |              |               |    |
|-------------------------|--------------|---------------|----|
| > WATER PRESENT/ABSENCE | Final        | 11/03/26-1323 | 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:W0001480R Collected: 10/03/26-0710 Status: COMP Req#: 16086588  
Received: 10/03/26-0934

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 OLD COBBS  
Postal Code BOT 1K0  
Sample Collected By DD  
Date Refrigerated 10/03/26  
Time Refrigerated 0733  
Chlorine Residual 0.9MG/7.7PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

|                         |              |               |    |
|-------------------------|--------------|---------------|----|
| > WATER PRESENT/ABSENCE | Final        | 11/03/26-1323 | YR |
| TOTAL COLIFORM          | ABSENT/100ML |               |    |
| E.coli                  | ABSENT/100ML |               |    |

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**Specimen:** WT26:W0001479R    **Collected:** 10/03/26-0655    **Status:** COMP    **Req#:** 16086578  
**Received:** 10/03/26-0931

**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 BROOKLYN  
 Postal Code B0T 1K0  
 Sample Collected By DD  
 Date Refrigerated 10/03/26  
 Time Refrigerated 0733  
 Chlorine Residual 0.81MG/7.5PH  
 Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

|                         |              |               |    |
|-------------------------|--------------|---------------|----|
| > WATER PRESENT/ABSENCE | Final        | 11/03/26-1323 | YR |
| TOTAL COLIFORM          | ABSENT/100ML |               |    |
| E.coli                  | ABSENT/100ML |               |    |

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**Specimen:** WT26:W0001478R **Collected:** 10/03/26-0635 **Status:** COMP **Req#:** 16086566  
**Received:** 10/03/26-0929

**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 10/03/26  
 Time Refrigerated 0733  
 Chlorine Residual 0.9MG/7.9PH  
 Delivery By Fax Y

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**MICROBIOLOGY**

|                         |              |               |    |
|-------------------------|--------------|---------------|----|
| > WATER PRESENT/ABSENCE | Final        | 11/03/26-1323 | YR |
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| E.coli                  | ABSENT/100ML |               |    |

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