

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

NAME: REGION, OF QUEENS MUNICIPALITY  
 ACCT#:DK0001950/25  
 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:W0001737R Collected: 18/03/26-0610 Status: COMP Req#: 16111439  
 Received: 18/03/26-1042

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 ALEX BEAL  
 Date Refrigerated 18/03/26  
 Time Refrigerated 0740  
 Chlorine Residual 1.51MG/7.6PH  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	19/03/26-1530	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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Specimen: WT26:W0001738R Collected: 18/03/26-0645 Status: COMP Req#: 16111460  
Received: 18/03/26-1046

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 BROOKLYN  
Postal Code BOT 1K0  
Sample Collected By ALEX BEAL  
Date Refrigerated 18/03/26  
Time Refrigerated 0740  
Chlorine Residual 0.82MG/7.8PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	19/03/26-1530	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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 COPIES TO : FAX,902-354-5038REGION OF QUEE

Specimen: WT26:W0001740R Collected: 18/03/26-0715 Status: COMP Req#: 16111493  
 Received: 18/03/26-1051

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 ALEX BEAL  
 Date Refrigerated 18/03/26  
 Time Refrigerated 0740  
 Chlorine Residual 0.62MG/7.8PH  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	19/03/26-1530	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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Specimen: WT26:W0001741R Collected: 18/03/26-0630 Status: COMP Req#: 16111519  
 Received: 18/03/26-1054

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 BOT 1K0  
 Contact Telephone Number 902-354-7170  
 Source Address WORKS DEPT  
 Postal Code BOT 1K0  
 Sample Collected By ALEX BEAL  
 Date Refrigerated 18/03/26  
 Time Refrigerated 0740  
 Chlorine Residual 1.14MG/8.5PH  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	19/03/26-1530	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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Specimen: WT26:W0001742R Collected: 18/03/26-0700 Status: COMP Req#: 16111534  
Received: 18/03/26-1056

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 ALEX BEAL  
Date Refrigerated 18/03/26  
Time Refrigerated 0740  
Chlorine Residual 1.11MG/8.7PH  
Delivery By Fax Y

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MICROBIOLOGY

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E.coli	ABSENT/100ML		

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