

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

NAME: REGION, OF QUEENS MUNICIPALITY  
ACCT#:DK0001974/25  
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:W0001812R Collected: 24/03/26-0645 Status: COMP Req#: 16126604  
Received: 24/03/26-0919

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 LUCAS HARVEY  
Date Refrigerated 24/03/26  
Time Refrigerated 0736  
Chlorine Residual 0.90MG/8.3PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 25/03/26-1336 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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NAME: REGION, OF QUEENS MUNICIPALITY  
ACCT#:DK0001975/25  
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,902-354-5038REGION OF QUEE

Specimen: WT26:W0001814R Collected: 24/03/26-0730 Status: COMP Req#: 16126635  
Received: 24/03/26-0926

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 LUCAS HARVEY  
Date Refrigerated 24/03/26  
Time Refrigerated 0736  
Chlorine Residual 0.69MG/7.9PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	25/03/26-1336	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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YR - YARMOUTH REGIONAL HOSPITAL

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NAME: REGION, OF QUEENS MUNICIPALITY  
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ADDRESS: LIVERPOOL, NS, B0T 1K0  
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LOCATION: SS.LABO  
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY  
COPIES TO : FAX,902-354-5038REGION OF QUEE

Specimen: WT26:W0001815R Collected: 24/03/26-0751 Status: COMP Req#: 16126655  
Received: 24/03/26-0931

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 OLD COEBS

Postal Code B0T 1K0

Sample Collected By LUCAS HARVEY

Date Refrigerated 24/03/26

Time Refrigerated 0736

Chlorine Residual 0.97MG/8.1PH

Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	25/03/26-1336	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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ADDRESS: LIVERPOOL,NS,BOT 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:W0001817R Collected: 24/03/26-0700 Status: COMP Req#: 16126700  
Received: 24/03/26-0939

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 LUCAS HARVEY  
Date Refrigerated 24/03/26  
Time Refrigerated 0736  
Chlorine Residual 0.62MG/7.8PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

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E.coli ABSENT/100ML

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\*\* END OF REPORT \*\*

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