

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

NAME: REGION, OF QUEENS MUNICIPALITY  
ACCT#:DK0002009/25  
ADDRESS: P O 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 QUE

Specimen: WT26:W0002022R Collected: 30/03/26-0650 Status: COMP Req#: 16143383  
Received: 30/03/26-1110

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 P O BOX 1264  
Contact/Mailing City/Prov LIVERPOOL NS  
Contact/Mailing Postal Code B0T 1K0  
Contact Telephone Number 9023547170  
Source Address WORKS DEPT  
Postal Code B0T 1K0  
Sample Collected By DD  
Date Refrigerated 30/03/26  
Time Refrigerated 0737  
Chlorine Residual 0.8 MG/L 7.7 PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	31/03/26-1419	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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SUBMITTING DR: FAX,902-354-5038 REGION OF QUE  
COPIES TO :

Specimen: WT26:W0002023R Collected: 30/03/26-0720 Status: COMP Req#: 16143407  
Received: 30/03/26-1117

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 9023547170  
Source Address OLD COBBS  
Postal Code B0T 1K0  
Sample Collected By DD  
Date Refrigerated 30/03/26  
Time Refrigerated 0737  
Chlorine Residual 0.9 MG/L 7.4 PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	31/03/26-1419	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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LOCATION: SS.LABO  
SUBMITTING DR: FAX,902-354-5038 REGION OF QUE  
COPIES TO :

Specimen: WT26:W0002024R Collected: 30/03/26-0735 Status: COMP Req#: 16143439  
Received: 30/03/26-1122

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 P O BOX 1264  
Contact/Mailing City/Prov LIVERPOOL NS  
Contact/Mailing Postal Code B0T 1K0  
Contact Telephone Number 9023547170  
Source Address SCHOOL ST  
Postal Code B0T 1K0  
Sample Collected By DD  
Date Refrigerated 30/03/26  
Time Refrigerated 0737  
Chlorine Residual 0.7 MG/L 7.5 PH  
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

#### MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	31/03/26-1419	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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 COPIES TO :

Specimen: WT26:W0002026R Collected: 30/03/26-0620 Status: COMP Req#: 16143482  
 Received: 30/03/26-1128

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 P O BOX 1264  
 Contact/Mailing City/Prov LIVERPOOL NS  
 Contact/Mailing Postal Code B0T 1K0  
 Contact Telephone Number 9023547170  
 Source Address WATER PLANT  
 Postal Code B0T 1K0  
 Sample Collected By DD  
 Date Refrigerated 30/03/26  
 Time Refrigerated 0737  
 Chlorine Residual 1.1 MG/L 7.7 PH  
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

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TOTAL COLIFORM	ABSENT/100ML		
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COPIES TO :

Specimen: WT26:W0002027R Collected: 30/03/26-0705 Status: COMP Req#: 16143502  
Received: 30/03/26-1130

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 P O BOX 1264  
Contact/Mailing City/Prov LIVERPOOL NS  
Contact/Mailing Postal Code BOT 1K0  
Contact Telephone Number 9023547170  
Source Address BROOKLYN  
Postal Code BOT 1K0  
Sample Collected By DD  
Date Refrigerated 30/03/26  
Time Refrigerated 0737  
Chlorine Residual 0.6 MG/L 7.5 PH  
Delivery By Fax Y

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