

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

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#:DK0000330/26
ADDRESS: P O BOX 1264
ADDRESS: LIVERPOOL, NS, B0T 1K0
PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: FAX, 902-354-5038 REGION OF QUE
COPIES TO :

Specimen: WT26:W0003740R Collected: 26/05/26-0615 Status: COMP Req#: 16303541
Received: 26/05/26-0916

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 LUCAS
Date Refrigerated 26/05/26
Time Refrigerated 0740
Chlorine Residual 1.29 MG/L 7.7 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	27/05/26-1420	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

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ADDRESS: P O BOX 1264
ADDRESS: LIVERPOOL, NS, B0T 1K0
PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: FAX, 902-354-5038 REGION OF QUE
COPIES TO :

Specimen: WT26:W0003739R Collected: 26/05/26-0640 Status: COMP Req#: 16303526
Received: 26/05/26-0913

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 LUCAS

Date Refrigerated 26/05/26

Time Refrigerated 0740

Chlorine Residual 0.60 MG/L 7.7 PH

Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	27/05/26-1420	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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www.gov.ns.ca/nse/water/thedroponwater.asp.

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 ADDRESS: LIVERPOOL,NS,B0T 1K0
 PHONE#: (902)354-7170
 LOCATION: SS.LABO
 SUBMITTING DR: FAX,902-354-5038 REGION OF QUE
 COPIES TO :

Specimen: WT26:W0003738R Collected: 26/05/26-0720 Status: COMP Req#: 16303502
 Received: 26/05/26-0910

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 OLD COBBS
 Postal Code B0T 1K0
 Sample Collected By LUCAS
 Date Refrigerated 26/05/26
 Time Refrigerated 0740
 Chlorine Residual 0.52 MG/L 7.6 PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	27/05/26-1420	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

These results relate only to the water sample submitted for testing.

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 at 1-877-936-8476 or visit
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PHONE#: (902)354-7170
LOCATION: SS.LABO
SUBMITTING DR: FAX,902-354-5038 REGION OF QUE
COPIES TO :

Specimen: WT26:W0003737R Collected: 26/05/26-0700 Status: COMP Req#: 16303480
Received: 26/05/26-0907

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 BROOKLYN
Postal Code B0T 1K0
Sample Collected By LUCAS
Date Refrigerated 26/05/26
Time Refrigerated 0740
Chlorine Residual 0.52 MG/L 7.5 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	27/05/26-1420	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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

Specimen: WT26:W0003736R Collected: 26/05/26-0735 Status: COMP Req#: 16303464
 Received: 26/05/26-0902

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 LUCAS H
 Date Refrigerated 26/05/26
 Time Refrigerated 0740
 Chlorine Residual 0.42 MG/L 7.6 PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	27/05/26-1420	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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