

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

NAME: REGION, OF QUEENS MUNICIPALITY
 ACCT#:DK0000387/26
 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 REGIO OF QUEE

Specimen: WT26:W0003974R Collected: 02/06/26-0615 Status: COMP Req#: 16324602
 Received: 02/06/26-1113

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 BEEL
 Date Refrigerated 02/06/26
 Time Refrigerated 0750
 Chlorine Residual 0.92MG/8.2PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	03/06/26-1439	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

Nova Scotia Health Authority
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 BRIDGEWATER , NS
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 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 REGIO OF QUEE

Specimen: WT26:W0003976R Collected: 02/06/26-0650 Status: COMP Req#: 16324625
 Received: 02/06/26-1118

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 ALEX BEAL
 Date Refrigerated 02/06/26
 Time Refrigerated 0730
 Chlorine Residual 0.62MG/7.7PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	03/06/26-1434	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
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YR - YARMOUTH REGIONAL HOSPITAL

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Nova Scotia Health Authority SOUTH SHORE REGIONAL HOSPITAL 90 GLEN ALLAN DRIVE BRIDGEWATER , NS B4V 3S6	NAME: REGION, OF QUEENS MUNICIPALITY ACCT#: DK0000387/26 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 REGIO OF QUEE
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Specimen: WT26:W0003993R **Collected:** 02/06/26-0730 **Status:** COMP **Req#:** 16324706
Received: 02/06/26-1128

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 02/06/26
 Time Refrigerated 0730
 Chlorine Residual 0.49MG/7.7PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	03/06/26-1440	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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

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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:W0003984R **Collected:** 02/06/26-0720 **Status:** COMP **Req#:** 16324661
Received: 02/06/26-1123

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 02/06/26
 Time Refrigerated 0730
 Chlorine Residual 0.74MG/7.5PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	03/06/26-1440	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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Specimen: WT26:W0003988R Collected: 02/06/26-0700 Status: COMP Req#: 16324681
 Received: 02/06/26-1125

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 ALEX BEALS
 Date Refrigerated 02/06/26
 Time Refrigerated 0730
 Chlorine Residual 0.46MG/7.5PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	03/06/26-1440	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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