

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

NAME: REGION, OF QUEENS MUNICIPALITY
 ACCT#:DK0000432/26
 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:W0004179R Collected: 09/06/26-0725 Status: COMP Req#: 16344226
 Received: 09/06/26-0912

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 09/06/26
 Time Refrigerated 0737
 Chlorine Residual 0.6 MG/L 7.4 PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	10/06/26-1505	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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 90 GLEN ALLAN DRIVE
 BRIDGEWATER , NS
 B4V 3S6

NAME: REGION, OF QUEENS MUNICIPALITY
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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:W0004181R Collected: 09/06/26-0655 Status: COMP Req#: 16344271
 Received: 09/06/26-0922

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 DD
 Date Refrigerated 09/06/26
 Time Refrigerated 0737
 Chlorine Residual 0.6 MG/L 7.3 PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	10/06/26-1505	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.

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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:W0004183R Collected: 09/06/26-0610 Status: COMP Req#: 16344290
 Received: 09/06/26-0928

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 09/06/26
 Time Refrigerated 0737
 Chlorine Residual 1.1 MG/L 7.5 PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	10/06/26-1505	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.

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 at 1-877-936-8476 or visit
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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:W0004185R Collected: 09/06/26-0705 Status: COMP Req#: 16344318
 Received: 09/06/26-0935

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 DD
 Date Refrigerated 09/06/26
 Time Refrigerated 0737
 Chlorine Residual 0.8 MG/L 7.3 PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	10/06/26-1505	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: FAX, 902-354-5083 REGION OF QUE
 COPIES TO :

Specimen: WT26:W0004184R Collected: 09/06/26-0635 Status: COMP Req#: 16344306
 Received: 09/06/26-0932

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 09/06/26
 Time Refrigerated 0734
 Chlorine Residual 0.7 MG/L 7.4 PH
 Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

>	WATER PRESENT/ABSENCE	Final	10/06/26-1505	YR
	TOTAL COLIFORM	ABSENT/100ML		
	E.coli	ABSENT/100ML		

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