

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

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#: DK0000576/26
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:W0005013R Collected: 06/07/26-0735 Status: COMP Req#: 16420134
Received: 06/07/26-1109

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 06/07/26

Time Refrigerated 0727

Chlorine Residual 0.4 MG/L 7.4 PH

Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	07/07/26-1332	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:W0005014R Collected: 06/07/26-0620 Status: COMP Req#: 16420153
Received: 06/07/26-1114

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 06/07/26
Time Refrigerated 0727
Chlorine Residual 1.2 MG/L 7.4 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	07/07/26-1332	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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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:W0005015R Collected: 06/07/26-0645 Status: COMP Reg#: 16420172
Received: 06/07/26-1117

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 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 06/07/26
Time Refrigerated 0731
Chlorine Residual 0.6 MG/L 7.4 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 07/07/26-1332 YR
TOTAL COLIFORM ABSENT/100ML
E.coli ABSENT/100ML

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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:W0005018R Collected: 06/07/26-0720 Status: COMP Req#: 16420216
Received: 06/07/26-1122

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 OLD COBBS
Postal Code B0T 1K0
Sample Collected By DD
Date Refrigerated 06/07/26
Time Refrigerated 0732
Chlorine Residual 0.8 MG/L 7.3 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 07/07/26-1332 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:W0005019R Collected: 06/07/26-0705 Status: COMP Req#: 16420238
Received: 06/07/26-1126

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 06/07/26

Time Refrigerated 0732

Chlorine Residual 0.5 MG/L 7.3 PH

Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	07/07/26-1332	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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** END OF REPORT **

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