

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

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#:DK0000711/26
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:W0005659R Collected: 21/07/26-0620 Status: COMP Req#: 16464074
Received: 21/07/26-1135

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 21/07/26

Time Refrigerated 0800

Chlorine Residual 1.57 MG/L 8.0 PH

Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	22/07/26-1402	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:W0005658R Collected: 21/07/26-0715 Status: COMP Req#: 16464065
Received: 21/07/26-1133

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 21/07/26
Time Refrigerated 0810
Chlorine Residual 1.11 MG/L 7.9 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	22/07/26-1403	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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

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

Specimen: WT26:W0005657R Collected: 21/07/26-0700 Status: COMP Req#: 16464053
Received: 21/07/26-1130

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 B0T 1K0
Contact Telephone Number 9023547170
Source Address BROOKLYN
Postal Code B0T 1K0
Sample Collected By LUCAS
Date Refrigerated 21/07/26
Time Refrigerated 0808
Chlorine Residual 0.62 MG/L 7.7 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final

22/07/26-1403

YR

TOTAL COLIFORM

ABSENT/100ML

E.coli

ABSENT/100ML

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PHONE#: (902) 354-7170
LOCATION: SS.LABO
SUBMITTING DR: FAX, 902-354-5038 REGION OF QUE
COPIES TO :

Specimen: WT26:W0005656R Collected: 21/07/26-0735 Status: COMP Req#: 16464037
Received: 21/07/26-1128

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 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
Date Refrigerated 21/07/26
Time Refrigerated 0811
Chlorine Residual 0.55 MG/L 7.8 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 22/07/26-1402 YR
TOTAL COLIFORM ABSENT/100ML
E.coli ABSENT/100ML

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COPIES TO : FAX, 902-354-5038 REGION OF QUE

Specimen: WT26:W0005651R Collected: 21/07/26-0640 Status: COMP Req#: 16463995
Received: 21/07/26-1116

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 21/07/26
Time Refrigerated 0804
Chlorine Residual 0.88 MG/L 8.1 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	22/07/26-1402	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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