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

NAME: REGION,OF QUEENS MUNICIPALITY
ACCT#:DK0000820/26
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:W0006304R **Collected:** 10/08/26-0720 **Status:** COMP **Req#:** 16516616
Received: 10/08/26-0958
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 10/08/26
Time Refrigerated 0803
Chlorine Residual 0.6 MG/L 7.6 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 11/08/26-1343 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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Nova Scotia Health Authority
SOUTH SHORE REGIONAL HOSPITAL
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B4V 3S6

NAME: REGION,OF QUEENS MUNICIPALITY
ACCT#:DK0000820/26
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:W0006305R **Collected:** 10/08/26-0710 **Status:** COMP **Req#:** 16516635
Received: 10/08/26-1000

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 10/08/26
Time Refrigerated 0800
Chlorine Residual 0.3 MG/L 7.7 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 11/08/26-1343 YR
TOTAL COLIFORM ABSENT/100ML
E.coli ABSENT/100ML

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NAME: REGION,OF QUEENS MUNICIPALITY
ACCT#:DK0000820/26
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:W0006306R **Collected:** 10/08/26-0620 **Status:** COMP **Req#:** 16516649
Received: 10/08/26-1002
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 10/08/26
Time Refrigerated 0750
Chlorine Residual 1.0 MG/L 7.8 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 11/08/26-1343 YR
TOTAL COLIFORM ABSENT/100ML
E.coli ABSENT/100ML

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B4V 3S6

NAME: REGION,OF QUEENS MUNICIPALITY
ACCT#:DK0000820/26
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:W0006307R **Collected:** 10/08/26-0650 **Status:** COMP **Req#:** 16516661
Received: 10/08/26-1004
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 10/08/26
Time Refrigerated 0757
Chlorine Residual 0.3 MG/L 7.6 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 11/08/26-1343 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:W0006308R **Collected:** 10/08/26-0745 **Status:** COMP **Req#:** 16516685
Received: 10/08/26-1007
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 10/08/26
Time Refrigerated 0806
Chlorine Residual 0.2 MG/L 7.8 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 11/08/26-1343 YR
TOTAL COLIFORM ABSENT/100ML
E.coli ABSENT/100ML

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** END OF REPORT **