

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

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#:DK0000951/26
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 RQM

Specimen: WT26:W0006962R Collected: 26/08/26-0620 Status: COMP Req#: 16561857
Received: 26/08/26-0939

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 LUCAS HARVEY
Date Refrigerated 26/08/26
Time Refrigerated 0744
Chlorine Residual 1.57 MG/L, PH 8.3
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	27/08/26-1430	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: PO BOX 1264
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PHONE#: (902) 354-7170
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO : FAX, 902-354-5038 RQM

Specimen: WT26:W0006961R Collected: 26/08/26-0650 Status: COMP Req#: 16561844
Received: 26/08/26-0936

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 LUCAS HARVEY
Date Refrigerated 26/08/26
Time Refrigerated 0744
Chlorine Residual 0.62 MG/L, PH 7.9
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	27/08/26-1430	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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PHONE#: (902) 354-7170
LOCATION: SS.LABO
SUBMITTING DR: REGION OF QUEEN'S MUNICIPALITY
COPIES TO : FAX, 902-354-5038 RQM

Specimen: WT26:W0006960R Collected: 26/08/26-0720 Status: COMP Req#: 16561836
Received: 26/08/26-0934

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 LUCAS HARVEY
Date Refrigerated 26/08/26
Time Refrigerated 0744
Chlorine Residual 0.51 MG/L, PH 8.3
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	27/08/26-1430	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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LOCATION: SS.LABO
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COPIES TO : FAX, 902-354-5038 RQM

Specimen: WT26:W0006959R Collected: 26/08/26-0740 Status: COMP Req#: 16561796
Received: 26/08/26-0921

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 LUCAS HARVEY
Date Refrigerated 26/08/26
Time Refrigerated 0744
Chlorine Residual 0.36MG/L, PH 8.1
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	27/08/26-1430	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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Specimen: WT26:W0006964R Collected: 26/08/26-0705 Status: COMP Req#: 16561877
Received: 26/08/26-0944

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 LUCAS HARVEY
Date Refrigerated 26/08/26
Time Refrigerated 0744
Chlorine Residual 0.99 MG/L, PH 8.0
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	27/08/26-1430	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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