

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

NAME: REGION, OF QUEENS MUNICIPALITY
ACCT#:DK0001157/26
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:W0008005R Collected: 28/09/26-0650 Status: COMP Req#: 16648572
Received: 28/09/26-0930

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 28/09/26
Time Refrigerated 0743
Chlorine Residual .71 MG/L 8.2 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	29/09/26-1438	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:W0008004R Collected: 28/09/26-0616 Status: COMP Req#: 16648564
Received: 28/09/26-0927

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 28/09/26
Time Refrigerated 0743
Chlorine Residual 1.36 MG/L 8.6 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	29/09/26-1438	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:W0008000R Collected: 28/09/26-0730 Status: COMP Req#: 16648535
Received: 28/09/26-0922

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 SCHOOL ST
Postal Code B0T 1K0
Sample Collected By LUCAS
Date Refrigerated 28/09/26
Time Refrigerated 0743
Chlorine Residual .62 MG/L 8.4 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	29/09/26-1438	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 REGION OF QUE

Specimen: WT26:W0007999R Collected: 28/09/26-0710 Status: COMP Req#: 16648514
Received: 28/09/26-0917

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 28/09/26
Time Refrigerated 0743
Chlorine Residual .96 MG/L 8.3 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	29/09/26-1438	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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COPIES TO :

Specimen: WT26:W0008006R Collected: 28/09/26-0635 Status: COMP Req#: 16648586
Received: 28/09/26-0932

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 LUCAS
Date Refrigerated 28/09/26
Time Refrigerated 0743
Chlorine Residual .61 MG/L 8.4 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final	29/09/26-1438	YR
TOTAL COLIFORM	ABSENT/100ML		
E.coli	ABSENT/100ML		

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