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

**NAME:** REGION,OF QUEENS MUNICIPALITY
**ACCT#:**DK0001284/26
**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:W0008600R **Collected:** 15/10/26-0655 **Status:** COMP **Req#:** 16696040
**Received:** 15/10/26-1120
**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 MATTHEW
Date Refrigerated 15/10/26
Time Refrigerated 0800
Chlorine Residual 0.73 MG/L 7.6 PH
Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

## MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 17/10/26-0822 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
90 GLEN ALLAN DRIVE
BRIDGEWATER , NS
B4V 3S6

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

**Specimen:** WT26:W0008601R **Collected:** 15/10/26-0620 **Status:** COMP **Req#:** 16696057
**Received:** 15/10/26-1124
**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 MATTHEW
Date Refrigerated 15/10/26
Time Refrigerated 0800
Chlorine Residual 1.48 MG/L 7.7 PH
Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

> WATER PRESENT/ABSENCE Final 17/10/26-0822 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:W0008602R **Collected:** 15/10/26-0740 **Status:** COMP **Req#:** 16696086
**Received:** 15/10/26-1126
**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 SCHOOL ST
Postal Code B0T 1K0
Sample Collected By MATTHEW
Date Refrigerated 15/10/26
Time Refrigerated 0800
Chlorine Residual 0.74 MG/L 7.8 PH
Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

> WATER PRESENT/ABSENCE Final 17/10/26-0822 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:W0008603R **Collected:** 15/10/26-0710 **Status:** COMP **Req#:** 16696105
**Received:** 15/10/26-1129
**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 MATTHEW
Date Refrigerated 15/10/26
Time Refrigerated 0757
Chlorine Residual 1.03 MG/L 7.7 PH
Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

> WATER PRESENT/ABSENCE Final 17/10/26-0822 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:W0008604R **Collected:** 15/10/26-0725 **Status:** COMP **Req#:** 16696132
**Received:** 15/10/26-1132
**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 MATTHEW
Date Refrigerated 15/10/26
Time Refrigerated 0800
Chlorine Residual 0.67 MG/L 7.8 PH
Delivery By Fax Y

**PERFORMING SITE:** YARMOUTH REGIONAL HOSPITAL

**MICROBIOLOGY**

> WATER PRESENT/ABSENCE Final 17/10/26-0822 YR
TOTAL COLIFORM ABSENT/100ML
E.coli ABSENT/100ML

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