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

NAME: REGION,OF QUEENS MUNICIPALITY
ACCT#:DK0001357/26
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:W0008995R **Collected:** 28/10/26-0840 **Status:** COMP **Req#:** 16731095
Received: 28/10/26-1032
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 JB
Date Refrigerated 28/10/26
Time Refrigerated 0850
Chlorine Residual 0.95 MG/L 7.8 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 29/10/26-1446 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

** END OF REPORT ** **Page** 1

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

NAME: REGION,OF QUEENS MUNICIPALITY
ACCT#:DK0001330/26
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:W0008843R **Collected:** 26/10/26-0725 **Status:** COMP **Req#:** 16724269
Received: 26/10/26-1037
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 JB
Date Refrigerated 26/10/26
Time Refrigerated 0740
Chlorine Residual 1.19 MG/L 7.9 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 27/10/26-1443 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
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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
ACCT#:DK0001330/26
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:W0008844R **Collected:** 26/10/26-0705 **Status:** COMP **Req#:** 16724292
Received: 26/10/26-1042
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 JB
Date Refrigerated 26/10/26
Time Refrigerated 0740
Chlorine Residual 0.87 MG/L 7.7 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 27/10/26-1443 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.

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** CONTINUED ON NEXT PAGE ** **Page** 2

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

NAME: REGION,OF QUEENS MUNICIPALITY
ACCT#:DK0001330/26
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:W0008845R **Collected:** 26/10/26-0620 **Status:** COMP **Req#:** 16724305
Received: 26/10/26-1044
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 JB
Date Refrigerated 26/10/26
Time Refrigerated 0740
Chlorine Residual 1.64 MG/L 8.2 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE	Final		27/10/26-1443	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.

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

NAME: REGION,OF QUEENS MUNICIPALITY
ACCT#:DK0001330/26
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:W0008846R **Collected:** 26/10/26-0650 **Status:** COMP **Req#:** 16724315
Received: 26/10/26-1046
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 JB
Date Refrigerated 26/10/26
Time Refrigerated 0740
Chlorine Residual 0.85 MG/L 8.0 PH
Delivery By Fax Y

PERFORMING SITE: YARMOUTH REGIONAL HOSPITAL

MICROBIOLOGY

> WATER PRESENT/ABSENCE Final 27/10/26-1443 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.

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YR - YARMOUTH REGIONAL HOSPITAL
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