



**Dream Pools and Spas**  
**1105 Washington Blvd**  
**Pittsburgh, Pennsylvania 15206**  
**(412) 661-7665**  
**Laboratory Analysis Report**

Lab ID No. 02-04041

E - 11

Lab# 2760

**Customer**

Facility Name: *Idlewild and SoakZone*

Address: *2574 Rt 30 E  
Ligonier, PA 15656*

Matrix: *Recreational Water*

Source Type: *Landing #1*

**Sample Collection**

Date: *8/4/25*

Time: *1:21 PM*

Method: *Grab*

**Sample Final Analysis**

Date: *8/7/25*

Time: *11:20 AM*

Analyst: *AS*

| Accredited Analysis   | Results  | Reporting limit | Incubation Date/Time | Analyst  | Method |          |
|-----------------------|----------|-----------------|----------------------|----------|--------|----------|
| Escherichia Coli:     | Absent   | Absent          | 8/5/25               | 10:20 AM | AS     | SM 9222G |
| Total coliforms:      | 0/100mls | 2/100mls        | 8/5/25               | 10:20 AM | AS     | SM 9222B |
| Standard plate count: | 0/ml     | 200/ml          | 8/4/25               | 4:21 PM  | AH     | SM 9215B |

| Field Analysis | Results  | Reporting limit | Date/Time | Analyst | Method |        |
|----------------|----------|-----------------|-----------|---------|--------|--------|
| pH:            | 8.0 SU   | 7.2 - 7.8 SU    | 8/4/25    | 1:21 PM | JC     | DPD    |
| Chlorine:      | 5.0 mg/l | 1.0 - 5.0 mg/l  | 8/4/25    | 1:21 PM | JC     | DPD    |
| Turbidity:     | 1 NTU    | 1 - 2 NTU       | 8/4/25    | 1:21 PM | JC     | Visual |

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

A handwritten signature in black ink that reads "Andre Smith".

Andre Smith, Lead Supervisor



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