



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

Lab ID No. 02-04041

E - 11

Lab# 2763

**Customer**

Facility Name: *Idlewild and SoakZone*

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

Matrix: *Recreational Water*

Source Type: *Capt. Kid*

**Sample Collection**

Date: *8/4/25*

Time: *12:50 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
Total coliforms:	0/100mls	2/100mls	8/5/25	10:20 AM	AS
Standard plate count:	0/ml	200/ml	8/4/25	4:21 PM	AH

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
pH:	7.2 SU	7.2 - 7.8 SU	8/4/25	12:50 PM	JC
Chlorine:	3.0 mg/l	1.0 - 5.0 mg/l	8/4/25	12:50 PM	JC
Turbidity:	1 NTU	1 - 2 NTU	8/4/25	12:50 PM	JC

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor



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