



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

Lab ID No. 02-04041

**S-14**

**Lab# 2631**

**Customer**

Facility Name: *Neville Side HOA*  
  
Address: *1900 Cambridge Dr.*  
*Presto, PA 15142*

**Sample Collection**

Date: *8/4/25*  
Time: *10:29 AM*  
Method: *Grab*

Matrix: *Recreational Water*  
  
Source Type: *Pool*

**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               | 10:50 AM | AS      | SM 9222G |
| Total coliforms:      | 0/100mls | 2/100mls        | 8/5/25               | 10:50 AM | AS      | SM 9222B |
| Standard plate count: | 230/ml   | 200/ml          | 8/4/25               | 4:55 PM  | AH      | SM 9215B |

| Field Analysis | Results  | Reporting limit | Date/Time |          | Analyst | Method |
|----------------|----------|-----------------|-----------|----------|---------|--------|
| pH:            | 7.8 SU   | 7.2 - 7.8 SU    | 8/4/25    | 10:29 AM | AF      | DPD    |
| Chlorine:      | 5.0 mg/l | 1.0 - 5.0 mg/l  | 8/4/25    | 10:29 AM | AF      | DPD    |
| Turbidity:     | 1 NTU    | 1 - 2 NTU       | 8/4/25    | 10:29 AM | AF      | Visual |

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor



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