



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

Lab ID No. 02-04041

E - 11

Lab# 2761

**Customer**

Facility Name: *Idlewild and SoakZone*

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

Matrix: *Recreational Water*

Source Type: *Landing #2*

**Sample Collection**

Date: *7/7/25*

Time: *1:16 PM*

Method: *Grab*

**Sample Final Analysis**

Date: *7/10/25*

Time: *9:30 AM*

Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	7/8/25	10:00 AM	EB
Total coliforms:	0/100mls	2/100mls	7/8/25	10:00 AM	EB
Standard plate count:	0/ml	200/ml	7/7/25	4:45 PM	EB

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
pH:	7.4 SU	7.2 - 7.8 SU	7/7/25	1:16 PM	JC
Chlorine:	5.0 mg/l	1.0 - 5.0 mg/l	7/7/25	1:16 PM	JC
Turbidity:	1 NTU	1 - 2 NTU	7/7/25	1:16 PM	Visual

**Sample comments**

(When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor



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