



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

Lab ID No. 02-04041

E - 11

Lab# 2253

**Customer**

Facility Name: *Hidden Valley Southridge*

Address: *1900 S. Ridge Dr.  
Hidden Valley, PA 15502*

Matrix: *Recreational Water*

Source Type: *Pool*

**Sample Collection**

Date: *6/16/25*

Time: *12:00 AM*

Method: *Grab*

**Sample Final Analysis**

Date: *6/19/25*

Time: *10:00 AM*

Analyst: *AS*

| Accredited Analysis   | Results  | Reporting limit | Incubation Date/Time | Analyst  | Method |
|-----------------------|----------|-----------------|----------------------|----------|--------|
| Escherichia Coli:     | Absent   | Absent          | 6/17/25              | 10:40 AM | EB     |
| Total coliforms:      | 0/100mls | 2/100mls        | 6/17/25              | 10:40 AM | EB     |
| Standard plate count: | 0/ml     | 200/ml          | 6/16/25              | 4:08 PM  | EB     |

| Field Analysis | Results  | Reporting limit | Date/Time | Analyst  | Method |
|----------------|----------|-----------------|-----------|----------|--------|
| pH:            | 7.4 SU   | 7.2 - 7.8 SU    | 6/16/25   | 10:01 AM | JC     |
| Chlorine:      | 3.0 mg/l | 1.0 - 5.0 mg/l  | 6/16/25   | 10:01 AM | JC     |
| Turbidity:     | 1 NTU    | 1 - 2 NTU       | 6/16/25   | 10:01 AM | JC     |

**Sample comments**

(When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor



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