



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

Lab ID No. 02-04041

W-13

Lab# 2557

**Customer**

Facility Name: *Virginia Hills West*  
Address: *200 Falls Church Rd.  
Imperial, PA 15126*

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

**Sample Collection**

Date: *8/12/25*  
Time: *9:38 AM*  
Method: *Grab*

**Sample Final Analysis**

Date: *8/15/25*  
Time: *9:00 AM*  
Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	8/13/25	10:30 AM	EB
Total coliforms:	0/100mls	2/100mls	8/13/25	10:30 AM	EB
Standard plate count:	0/ml	200/ml	8/12/25	3:58 PM	SL

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
pH:	8.0 SU	7.2 - 7.8 SU	8/12/25	9:38 AM	AH
Chlorine:	7.5 mg/l	1.0 - 5.0 mg/l	8/12/25	9:38 AM	AH
Turbidity:	1 NTU	1 - 2 NTU	8/12/25	9:38 AM	AH

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor



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