



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

Lab ID No. 02-04041

**W-13**

**Lab# 2648**

**Customer**

Facility Name: *Promise Camp*

Address: *227 Lance Rd.*  
*Clinton, PA 15026*

Matrix: *Recreational Water*

Source Type: *Pool*

**Sample Collection**

Date: *8/5/25*

Time: *1:29 PM*

Method: *Grab*

**Sample Final Analysis**

Date: *8/8/25*

Time: *8:30 AM*

Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time		Analyst	Method
Escherichia Coli:	Absent	Absent	8/6/25	11:15 AM	AH	SM 9222G
Total coliforms:	0/100mls	2/100mls	8/6/25	11:15 AM	AH	SM 9222B
Standard plate count:	0/ml	200/ml	8/5/25	5:00 PM	AS	SM 9215B

Field Analysis	Results	Reporting limit	Date/Time		Analyst	Method
pH:	7.4 SU	7.2 - 7.8 SU	8/5/25	1:29 PM	AH	DPD
Chlorine:	0.0 mg/l	1.0 - 5.0 mg/l	8/5/25	1:29 PM	AH	DPD
Turbidity:	1 NTU	1 - 2 NTU	8/5/25	1:29 PM	AH	Visual

**Sample comments**

*Andre Smith*

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor



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