



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

Lab ID No. 02-04041

**SERVICE**

**Lab# 2507**

**Customer**

Facility Name: *Stanford Court*  
Address: *1200 Stanford Ct.  
Coraopolis, PA 15108*  
Matrix: *Recreational Water*  
Source Type: *Pool*

**Sample Collection**

Date: *7/30/25*  
Time: *8:00 AM*  
Method: *Grab*

**Sample Final Analysis**

Date: *8/1/25*  
Time: *3:30 PM*  
Analyst: *AS*

<b>Accredited Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Incubation Date/Time</b>	<b>Analyst</b>	<b>Method</b>
Escherichia Coli:	Absent	Absent	7/30/25	4:30 PM	SL
Total coliforms:	0/100mls	2/100mls	7/30/25	4:30 PM	SL
Standard plate count:	0/ml	200/ml	7/30/25	4:50 PM	EB

<b>Field Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Date/Time</b>	<b>Analyst</b>	<b>Method</b>
pH:	7.0 SU	7.2 - 7.8 SU	7/30/25	8:00 AM	VH
Chlorine:	10.0 mg/l	1.0 - 5.0 mg/l	7/30/25	8:00 AM	VH
Turbidity:	1 NTU	1 - 2 NTU	7/30/25	8:00 AM	VH

**Sample comments**

(When exceeding reporting limit pool or spa is unfit)

A handwritten signature in black ink that reads "Andre Smith".

Andre Smith, Lead Supervisor



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