



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

Lab ID No. 02-04041

**SERVICE**

**Lab# 2165**

**Customer**

Facility Name: *Edgetown Condo*

**Sample Collection**

Date: *6/25/25*

Time: *8:15 AM*

Method: *Grab*

Address: *205 Coraopolis Rd.  
Coraopolis, PA 15108*

**Sample Final Analysis**

Date: *6/27/25*

Time: *4:30 PM*

Analyst: *AS*

Matrix: *Recreational Water*

Source Type: *Pool*

| Accredited Analysis   | Results  | Reporting limit | Incubation Date/Time | Analyst | Method |
|-----------------------|----------|-----------------|----------------------|---------|--------|
| Escherichia Coli:     | Absent   | Absent          | 6/25/25              | 5:40 PM | EB     |
| Total coliforms:      | 0/100mls | 2/100mls        | 6/25/25              | 5:40 PM | EB     |
| Standard plate count: | 300/ml   | 200/ml          | 6/25/25              | 5:40 PM | EB     |

| Field Analysis | Results  | Reporting limit | Date/Time | Analyst | Method |
|----------------|----------|-----------------|-----------|---------|--------|
| pH:            | 7.2 SU   | 7.2 - 7.8 SU    | 6/25/25   | 8:15 AM | VH     |
| Chlorine:      | 1.0 mg/l | 1.0 - 5.0 mg/l  | 6/25/25   | 8:15 AM | VH     |
| Turbidity:     | 1 NTU    | 1 - 2 NTU       | 6/25/25   | 8:15 AM | Visual |

**Sample comments**

(When exceeding reporting limit pool or spa is unfit)

Andre Smith

Andre Smith, Lead Supervisor



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