



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

Lab ID No. 02-04041

E - 11

Lab# 2759

Customer

Facility Name: *Idlewild and SoakZone*

Address: *2574 Rt 30 E
Ligonier, PA 15656*

Matrix: *Recreational Water*

Source Type: *Wave*

Sample Collection

Date: *6/9/25*

Time: *1:07 PM*

Method: *Grab*

Sample Final Analysis

Date: *Wave*

Time: *9:30 AM*

Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	Wave	9:40 AM	EB
Total coliforms:	0/100mls	2/100mls	6/10/25	9:40 AM	EB
Standard plate count:	0/ml	200/ml	6/9/25	5:00 PM	AH

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
pH:	7.6 SU	7.2 - 7.8 SU	6/9/25	1:07 PM	JC
Chlorine:	3.0 mg/l	1.0 - 5.0 mg/l	6/9/25	1:07 PM	JC
Turbidity:	1 NTU	1 - 2 NTU	6/9/25	1:07 PM	JC

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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