



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

Lab ID No. 02-04041

**SERVICE**

**Lab# 2040**

**Customer**

Facility Name: *Berkshire Estate*  
Address: *6000 Middle Field Dr.  
McDonald, PA 15057*  
Matrix: *Recreational Water*  
Source Type: *Pool*

**Sample Collection**

Date: *6/24/25*  
Time: *8:03 AM*  
Method: *Grab*

**Sample Final Analysis**

Date: *6/27/25*  
Time: *9:20 AM*  
Analyst: *AS*

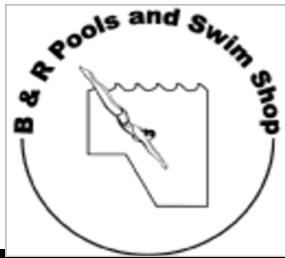
<b>Accredited Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Incubation Date/Time</b>	<b>Analyst</b>	<b>Method</b>
Escherichia Coli:	Absent	Absent	6/25/25	9:30 AM	AH
Total coliforms:	0/100mls	2/100mls	6/25/25	9:30 AM	AH
Standard plate count:	0/ml	200/ml	6/24/25	3:59 PM	AH

<b>Field Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Date/Time</b>	<b>Analyst</b>	<b>Method</b>
pH:	7.6 SU	7.2 - 7.8 SU	6/24/25	8:03 AM	AH
Chlorine:	7.5 mg/l	1.0 - 5.0 mg/l	6/24/25	8:03 AM	AH
Turbidity:	1 NTU	1 - 2 NTU	6/24/25	8:03 AM	Visual

**Sample comments**

(When exceeding reporting limit pool or spa is unfit)

*Anne Smith*



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