



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

Lab ID No. 02-04041

N-17

Lab# 435

| <u>Customer</u>       |  | <u>Sample Collection</u>     |                      |          |        |          |
|-----------------------|--|------------------------------|----------------------|----------|--------|----------|
| Facility Name:        | SRU ARC                                    | Date:                        | 6/30/25              |          |        |          |
| Address:              | 101 Stadium Dr.<br>Slippery Rock, PA 16057 | Time:                        | 2:30 PM              |          |        |          |
| Matrix:               | Recreational Water                         | Method:                      | Grab                 |          |        |          |
| Source Type:          | Pool                                       | <u>Sample Final Analysis</u> |                      |          |        |          |
|                       |  | Date:                        | 7/3/25               |          |        |          |
|                       |  | Time:                        | 9:30 AM              |          |        |          |
|                       |  | Analyst:                     | AS                   |          |        |          |
| Accredited Analysis   | Results                                    | Reporting limit              | Incubation Date/Time | Analyst  | Method |          |
| Escherichia Coli:     | Absent                                     | Absent                       | 7/1/25               | 11:00 AM | AH     | SM 9222G |
| Total coliforms:      | 0/100mls                                   | 2/100mls                     | 7/1/25               | 11:00 AM | AH     | SM 9222B |
| Standard plate count: | 86/ml                                      | 200/ml                       | 6/30/25              | 6:00 PM  | EB     | SM 9215B |

| Field Analysis | Results  | Reporting limit | Date/Time | Analyst | Method |        |
|----------------|----------|-----------------|-----------|---------|--------|--------|
| pH:            | 7.6 SU   | 7.2 - 7.8 SU    | 6/30/25   | 2:30 PM | BH     | DPD    |
| Chlorine:      | 3.0 mg/l | 1.0 - 5.0 mg/l  | 6/30/25   | 2:30 PM | BH     | DPD    |
| Turbidity:     | 1 NTU    | 1 - 2 NTU       | 6/30/25   | 2:30 PM | BH     | Visual |

Sample comments

A handwritten signature in black ink that reads "Andre Smith". The signature is fluid and cursive, with "Andre" on the first line and "Smith" on the second line.

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor



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