



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

Lab ID No. 02-04041

**N-17**

**Lab# 2714**

**Customer**

Facility Name: *Duffy Highlands*  
Address: *200 Muirfield Ct.*  
*Butler, PA 16001*

**Sample Collection**

Date: *8/18/25*  
Time: *1:15 PM*  
Method: *Grab*

Matrix: *Recreational Water*  
Source Type: *Pool*

**Sample Final Analysis**

Date: *8/21/25*  
Time: *9:00 AM*  
Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time		Analyst	Method
Escherichia Coli:	Absent	Absent	8/19/25	10:30 AM	EB	SM 9222G
Total coliforms:	0/100mls	2/100mls	8/19/25	10:30 AM	EB	SM 9222B
Standard plate count:	0/ml	200/ml	8/18/25	5:45 PM	SL	SM 9215B

Field Analysis	Results	Reporting limit	Date/Time		Analyst	Method
pH:	7.6 SU	7.2 - 7.8 SU	8/18/25	1:15 PM	BH	DPD
Chlorine:	2.0 mg/l	1.0 - 5.0 mg/l	8/18/25	1:15 PM	BH	DPD
Turbidity:	1 NTU	1 - 2 NTU	8/18/25	1:15 PM	BH	Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor