



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

Lab ID No. 02-04041

W-13

Lab# 2370

**Customer**

Facility Name: *Mystic Hills*  
Address: *100 Pappan Dr.  
Imperial, PA 15126*  
Matrix: *Recreational Water*  
Source Type: *Pool*

**Sample Collection**

Date: *6/10/25*  
Time: *10:14 AM*  
Method: *Grab*

**Sample Final Analysis**

Date: *6/13/25*  
Time: *9:30 AM*  
Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	6/11/25	10:30 AM	AH
Total coliforms:	0/100mls	2/100mls	6/11/25	10:30 AM	AH
Standard plate count:	0/ml	200/ml	6/10/25	4:33 PM	AH

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
pH:	8.0 SU	7.2 - 7.8 SU	6/10/25	10:14 AM	AH
Chlorine:	10.0 mg/l	1.0 - 5.0 mg/l	6/10/25	10:14 AM	AH
Turbidity:	1 NTU	1 - 2 NTU	6/10/25	10:14 AM	Visual

**Sample comments**

(When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor



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