



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

Lab ID No. 02-04041

**W-12**

**Lab# 220**

**Customer**

Facility Name: *Masonic Village*  
Address: *1000 Masonic Dr.*  
*Sewickley, PA 15143*

**Sample Collection**

Date: *7/9/25*  
Time: *11:00 AM*  
Method: *Grab*

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

**Sample Final Analysis**

Date: *7/12/25*  
Time: *8:30 AM*  
Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation	Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	7/9/25	3:30 PM	EB	SM 9222G
Total coliforms:	0/100mls	2/100mls	7/9/25	3:30 PM	EB	SM 9222B
Standard plate count:	0/ml	200/ml	7/9/25	3:00 PM	AH	SM 9215B

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method	
pH:	7.6 SU	7.2 - 7.8 SU	7/9/25	11:00 AM	VH	DPD
Chlorine:	3.0 mg/l	1.0 - 5.0 mg/l	7/9/25	11:00 AM	VH	DPD
Turbidity:	1 NTU	1 - 2 NTU	7/9/25	11:00 AM	VH	Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor



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