



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

Lab ID No. 02-04041

**W-11**

**Lab# 2325**

**Customer**

Facility Name: *Londonbury Homes*

Address: *220 Downing Dr.*  
*Moon, PA 15108*

Matrix: *Recreational Water*

Source Type: *Wading Pool*

**Sample Collection**

Date: *6/3/25*

Time: *12:30 PM*

Method: *Grab*

**Sample Final Analysis**

Date: *6/6/25*

Time: *9:30 AM*

Analyst: *AS*

| Accredited Analysis   | Results  | Reporting limit | Incubation Date/Time |         | Analyst | Method   |
|-----------------------|----------|-----------------|----------------------|---------|---------|----------|
| Escherichia Coli:     | Absent   | Absent          | 6/4/25               | 9:30 AM | EB      | SM 9222G |
| Total coliforms:      | 0/100mls | 2/100mls        | 6/4/25               | 9:30 AM | EB      | SM 9222B |
| Standard plate count: | 0/ml     | 200/ml          | 6/3/25               | 2:43 PM | AH      | SM 9215B |

| Field Analysis | Results  | Reporting limit | Date/Time |          | Analyst | Method |
|----------------|----------|-----------------|-----------|----------|---------|--------|
| pH:            | 7.4 SU   | 7.2 - 7.8 SU    | 6/3/25    | 12:30 PM | VH      | DPD    |
| Chlorine:      | 1.0 mg/l | 1.0 - 5.0 mg/l  | 6/3/25    | 12:30 PM | VH      | DPD    |
| Turbidity:     | 1 NTU    | 1 - 2 NTU       | 6/3/25    | 12:30 PM | VH      | Visual |

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor



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