



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

Lab ID No. 02-04041

N-14

Lab# 214

**Customer**

Facility Name: *Liberty Hills*  
Address: *100 Liberty Lane  
Freedom, PA 15042*

Matrix: *Recreational Water*  
Source Type: *Spa*

**Sample Collection**

Date: *7/21/25*  
Time: *12:18 PM*  
Method: *Grab*

**Sample Final Analysis**

Date: *7/24/25*  
Time: *10:00 AM*  
Analyst: *AS*

<b>Accredited Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Incubation Date/Time</b>	<b>Analyst</b>	<b>Method</b>	
Escherichia Coli:	Absent	Absent	7/22/25	9:30 AM	SL	SM 9222G
Total coliforms:	0/100mls	2/100mls	7/22/25	9:30 AM	SL	SM 9222B
Standard plate count:	0/ml	200/ml	7/21/25	3:53 PM	AH	SM 9215B

<b>Additional Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Incubation Date/Time</b>	<b>Analyst</b>	<b>Method</b>	
Fecal Streptococcus	0/100mls	2/100mls	7/22/25	12:30 PM	AH	SM 9230C

<b>Field Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Date/Time</b>	<b>Analyst</b>	<b>Method</b>	
pH:	7.6 SU	7.2 - 7.8 SU	7/21/25	12:18 PM	ZR	DPD
Chlorine:	5.0 mg/l	1.0 - 5.0 mg/l	7/21/25	12:18 PM	ZR	DPD
Turbidity:	1 NTU	1 - 2 NTU	7/21/25	12:18 PM	ZR	Visual

**Sample comments**

A handwritten signature in black ink that reads "Andrea Smith". The signature is fluid and cursive, with "Andrea" on the top line and "Smith" on the bottom line.

(When exceeding reporting limit pool or spa is unfit)



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**Sample comments**

*Anne Smith*

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