



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

Lab ID No. 02-04041

**E - 11**

**Lab# 2762**

**Customer**

Facility Name: *Idlewild and SoakZone*

Address: *2574 Rt 30 E*  
*Ligonier, PA 15656*

Matrix: *Recreational Water*

Source Type: *Lazy River*

**Sample Collection**

Date: *6/2/25*  
Time: *12:48 PM*  
Method: *Grab*

**Sample Final Analysis**

Date: *6/5/25*  
Time: *9:30 AM*  
Analyst: *AS*

| Accredited Analysis   | Results  | Reporting limit | Incubation Date/Time |         | Analyst | Method   |
|-----------------------|----------|-----------------|----------------------|---------|---------|----------|
| Escherichia Coli:     | Absent   | Absent          | 6/3/25               | 9:40 AM | EB      | SM 9222G |
| Total coliforms:      | 0/100mls | 2/100mls        | 6/3/25               | 9:40 AM | EB      | SM 9222B |
| Standard plate count: | 0/ml     | 200/ml          | 6/2/25               | 5:40 PM | SL      | SM 9215B |

| Field Analysis | Results  | Reporting limit | Date/Time |          | Analyst | Method |
|----------------|----------|-----------------|-----------|----------|---------|--------|
| pH:            | 7.4 SU   | 7.2 - 7.8 SU    | 6/2/25    | 12:48 PM | JC      | DPD    |
| Chlorine:      | 2.0 mg/l | 1.0 - 5.0 mg/l  | 6/2/25    | 12:48 PM | JC      | DPD    |
| Turbidity:     | 1 NTU    | 1 - 2 NTU       | 6/2/25    | 12:48 PM | JC      | Visual |

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor



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