



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

Lab ID No. 02-04041

E - 11

Lab# 2759

**Customer**

Facility Name: *Idlewild and SoakZone*

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

Matrix: *Recreational Water*

Source Type: *Wave*

**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:	7.8 SU	7.2 - 7.8 SU	6/2/25	12:48 PM	JC	DPD
Chlorine:	3.0 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)

A handwritten signature in black ink that reads "Andre Smith".

Andre Smith, Lead Supervisor



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