



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

Lab ID No. 02-04041

E - 11

Lab# 2760

**Customer**

Facility Name: *Idlewild and SoakZone*

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

Matrix: *Recreational Water*

Source Type: *Landing #1*

**Sample Collection**

Date: *8/25/25*

Time: *1:42 PM*

Method: *Grab*

**Sample Final Analysis**

Date: *8/28/25*

Time: *9:00 AM*

Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	8/26/25	10:00 AM	AS
Total coliforms:	0/100mls	2/100mls	8/26/25	10:00 AM	AS
Standard plate count:	0/ml	200/ml	8/25/25	5:20 PM	AS

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
pH:	7.0 SU	7.2 - 7.8 SU	8/25/25	1:42 PM	JC
Chlorine:	1.0 mg/l	1.0 - 5.0 mg/l	8/25/25	1:42 PM	JC
Turbidity:	1 NTU	1 - 2 NTU	8/25/25	1:42 PM	JC

**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