



**Dreams Pools and Spas**  
**1105 Washington Blvd**  
**Pittsburgh, Pennsylvania 15206**  
**(412) 661-7665**  
**Laboratory Analysis Report Lab# 112**

Lab ID No. 02-04041

PPS

**Customer**

Facility Name: *Greenfield Elementary*

Address: *1 Alger St.  
Pittsburgh, PA 15207*

Matrix: *Recreational Water*

Source Type: *Shallow End*

**Sample Collection**

Date: *7/15/25*

Time: *1:26 PM*

Method: *Grab*

**Sample Final Analysis**

Date: *7/18/25*

Time: *9:30 AM*

Analyst: *AS*

<b>Accredited Analysis</b>	<b>Results</b>	<b>Rating</b>	<b>Incubation Date/Time</b>	<b>Analyst</b>	<b>Method</b>
Escherichia Coli:	Absent	A	7/16/25	10:10 AM	EB
Total coliforms:	0/100mls	A	7/16/25	10:10 AM	EB
Standard plate count:	0/ml	A	7/15/25	4:00 PM	EB

<b>Field Analysis</b>	<b>Results</b>	<b>Rating</b>	<b>Date/Time</b>	<b>Analyst</b>	<b>Method</b>
pH:	7.6 SU	A	7/15/25	1:26 PM	SL
Chlorine:	5.0 mg/l	D	7/15/25	1:26 PM	SL
Turbidity:	1 NTU	A	7/15/25	1:26 PM	Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor



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