



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

Lab ID No. 02-04041

C-10

Lab# 225

Customer

Facility Name: *Metropolitan*
Address: *537 N Neville St
Pittsburgh, PA 15213*

Matrix: *Recreational Water*
Source Type: *Pool*

Sample Collection

Date: *6/9/25*
Time: *10:35 AM*
Method: *Grab*

Sample Final Analysis

Date: *6/12/25*
Time: *9:30 AM*
Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	6/10/25	9:15 AM	EB
Total coliforms:	0/100mls	2/100mls	6/10/25	9:15 AM	EB
Standard plate count:	0/ml	200/ml	6/9/25	3:29 PM	AH

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
pH:	8.0 SU	7.2 - 7.8 SU	6/9/25	10:35 AM	LM
Chlorine:	1.0 mg/l	1.0 - 5.0 mg/l	6/9/25	10:35 AM	LM
Turbidity:	1 NTU	1 - 2 NTU	6/9/25	10:35 AM	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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