



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

Lab ID No. 02-04041

W-12

Lab# 2447

**Customer**

Facility Name: *Robinson Twp Pool*  
Address: *115 Robinson Pool Lane  
McKees Rocks, PA 15136*  
Matrix: *Recreational Water*  
Source Type: *Shallow End*

**Sample Collection**

Date: *8/27/25*  
Time: *7:15 AM*  
Method: *Grab*

**Sample Final Analysis**

Date: *8/30/25*  
Time: *8:30 AM*  
Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	8/28/25	10:40 AM	AS
Total coliforms:	0/100mls	2/100mls	8/28/25	10:40 AM	AS
Standard plate count:	0/ml	200/ml	8/27/25	5:00 PM	SL

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
pH:	7.4 SU	7.2 - 7.8 SU	8/27/25	7:15 AM	VH
Chlorine:	3.0 mg/l	1.0 - 5.0 mg/l	8/27/25	7:15 AM	VH
Turbidity:	1 NTU	1 - 2 NTU	8/27/25	7:15 AM	Visual

**Sample comments**

(When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor