



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

Lab ID No. 02-04041

C-10

Lab# 184

**Customer**

Facility Name: *Imperial House*  
Address: *5600 Munhall Rd.  
Pittsburgh, PA 15217*

Matrix: *Recreational Water*  
Source Type: *Spa*

**Sample Collection**

Date: *6/2/25*  
Time: *9:35 AM*  
Method: *Grab*

**Sample Final Analysis**

Date: *6/5/25*  
Time: *9:30 AM*  
Analyst: *AS*

<b>Accredited Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Incubation Date/Time</b>	<b>Analyst</b>	<b>Method</b>
Escherichia Coli:	Absent	Absent	6/3/25	9:40 AM	AH
Total coliforms:	0/100mls	2/100mls	6/3/25	9:40 AM	AH
Standard plate count:	5700/ml	200/ml	6/2/25	3:30 PM	SL
<b>Additional Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Incubation Date/Time</b>	<b>Analyst</b>	<b>Method</b>
Fecal Streptococcus	0/100mls	2/100mls	6/3/25	11:30 AM	AH
					SM 9230C

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

**Sample comments**

A handwritten signature in black ink that reads "Andre Smith". The signature is fluid and cursive, with "Andre" on the first line and "Smith" on the second line.

(When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor



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**Sample comments**

*Andre Smith*

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Andre Smith, Lead Supervisor