



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

Lab ID No. 02-04041

PPS

Lab# 010

**Customer**

Facility Name: *Arsenal Middle*  
Address: *3900 Butler St.  
Pittsburgh, PA 15201*  
Matrix: *Recreational Water*  
Source Type: *Pool Shallow*

**Sample Collection**

Date: *8/11/25*  
Time: *2:18 PM*  
Method: *Grab*

**Sample Final Analysis**

Date: *8/14/25*  
Time: *9:00 AM*  
Analyst: *AS*

Accredited Analysis	Results	Rating	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	A	8/12/25	9:30 AM	EB
Total coliforms:	0/100mls	A	8/12/25	9:30 AM	EB
Standard plate count:	0/ml	A	8/11/25	4:00 PM	AH

Field Analysis	Results	Rating	Date/Time	Analyst	Method
pH:	7.8 SU	C	8/11/25	2:18 PM	SL
Chlorine:	2.0 mg/l	B	8/11/25	2:18 PM	SL
Turbidity:	1 NTU	A	8/11/25	2:18 PM	SL

**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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