



**Dreams Pools and Spas**  
**1105 Washington Blvd**  
**Pittsburgh, Pennsylvania 15206** **PPS**  
**(412) 661-7665**  
**Laboratory Analysis Report Lab# 111**

Lab ID No. 02-04041

**Customer**

Facility Name: *Greenfield Elementary*

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

Matrix: *Recreational Water*

Source Type: *Deep End*

**Sample Collection**

Date: *1/5/26*

Time: *11:16 AM*

Method: *Grab*

**Sample Final Analysis**

Date: *1/8/26*

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	1/6/26	9:00 AM	SL SM 9222G
Total coliforms:	0/100mls	A	1/6/26	9:00 AM	SL SM 9222B
Standard plate count:	0/ml	A	1/5/26	5:00 PM	SL SM 9215B

<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	1/5/26	11:16 AM	MM DPD
Chlorine:	3.0 mg/l	A	1/5/26	11:16 AM	MM DPD
Turbidity:	1 NTU	A	1/5/26	11:16 AM	MM Visual

**Sample comments**

A handwritten signature in black ink that reads "Andre Smith".

Andre Smith, Lead Supervisor

( When exceeding reporting limit pool or spa is unfit)