



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

Lab ID No. 02-04041

**W-12**

**Lab# 324**

**Laboratory Analysis Report**

**Customer**

Facility Name: *Verland Foundation*  
Address: *212 Iris Rd.*  
*Sewickley, PA 15143*

Matrix: *Recreational Water*

Source Type: *Pool*

**Sample Collection**

Date: *8/19/25*  
Time: *11:15 AM*  
Method: *Grab*

**Sample Final Analysis**

Date: *8/22/25*  
Time: *9:00 AM*  
Analyst: *AS*

| Accredited Analysis   | Results  | Reporting limit | Incubation | Date/Time | Analyst | Method   |
|-----------------------|----------|-----------------|------------|-----------|---------|----------|
| Escherichia Coli:     | Absent   | Absent          | 8/20/25    | 9:20 AM   | EB      | SM 9222G |
| Total coliforms:      | 0/100mls | 2/100mls        | 8/20/25    | 9:20 AM   | EB      | SM 9222B |
| Standard plate count: | 0/ml     | 200/ml          | 8/19/25    | 3:30 PM   | SL      | SM 9215B |

| Field Analysis | Results  | Reporting limit | Date/Time | Analyst  | Method |        |
|----------------|----------|-----------------|-----------|----------|--------|--------|
| pH:            | 7.4 SU   | 7.2 - 7.8 SU    | 8/19/25   | 11:15 AM | VH     | DPD    |
| Chlorine:      | 3.0 mg/l | 1.0 - 5.0 mg/l  | 8/19/25   | 11:15 AM | VH     | DPD    |
| Turbidity:     | 1 NTU    | 1 - 2 NTU       | 8/19/25   | 11:15 AM | VH     | Visual |

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

*Anabre Smith*  
Anabre Smith, Lead Supervisor