



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

Lab ID No. 02-04041

**N-10**

**Lab# 227**

**Customer**

Facility Name: *Mews I*  
  
Address: *300 Fox Chapel Rd.*  
*Pittsburgh, PA 15238*

Matrix: *Recreational Water*

Source Type: *Pool*

**Sample Collection**

Date: *8/5/25*  
Time: *11:30 AM*  
Method: *Grab*

**Sample Final Analysis**

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

Accredited Analysis	Results	Reporting limit	Incubation Date/Time		Analyst	Method
Escherichia Coli:	Absent	Absent	8/6/25	2:00 PM	AH	SM 9222G
Total coliforms:	0/100mls	2/100mls	8/6/25	2:00 PM	AH	SM 9222B
Standard plate count:	0/ml	200/ml	8/5/25	5:40 PM	AS	SM 9215B

Field Analysis	Results	Reporting limit	Date/Time		Analyst	Method
pH:	7.4 SU	7.2 - 7.8 SU	8/5/25	11:30 AM	BH	DPD
Chlorine:	5.0 mg/l	1.0 - 5.0 mg/l	8/5/25	11:30 AM	BH	DPD
Turbidity:	1 NTU	1 - 2 NTU	8/5/25	11:30 AM	BH	Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor



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