



**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*

**Sample Collection**

Date: *7/30/25*

Time: *10:38 AM*

Method: *Grab*

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

**Sample Final Analysis**

Date: *8/1/25*

Time: *3:30 PM*

Analyst: *AS*

Matrix: *Recreational Water*

Source Type: *Deep End*

<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	7/30/25	4:30 PM	SL	SM 9222G
Total coliforms:	0/100mls	A	7/30/25	4:30 PM	SL	SM 9222B
Standard plate count:	0/ml	A	7/30/25	4:50 PM	EB	SM 9215B

<b>Field Analysis</b>	<b>Results</b>	<b>Rating</b>	<b>Date/Time</b>	<b>Analyst</b>	<b>Method</b>	
pH:	7.8 SU	C	7/30/25	10:38 AM	CW	DPD
Chlorine:	5.0 mg/l	D	7/30/25	10:38 AM	CW	DPD
Turbidity:	1 NTU	A	7/30/25	10:38 AM	CW	Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

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Andre Smith, Lead Supervisor



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