



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

Lab ID No. 02-04041  
**W-12**

**Lab# 2014**

**Customer**

Facility Name: **Allegheny C.C.**

Address: **250 Country Club Rd  
Sewickley, PA 15143**

Matrix: **Recreational Water**

Source Type: **Pool**

**Sample Collection**

Date: **5/28/25**

Time: **12:30 PM**

Method: **Grab**

**Sample Final Analysis**

Date: **5/31/25**

Time: **9:30 AM**

Analyst: **AS**

<b>Accredited Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Incubation Date/Time</b>	<b>Analyst</b>	<b>Method</b>	
Escherichia Coli:	Absent	Absent	5/29/25	9:30 AM	SL	SM 9222G
Total coliforms:	0/100mls	2/100mls	5/29/25	9:30 AM	SL	SM 9222B
Standard plate count:	0/ml	200/ml	5/28/25	3:25 PM	AH	SM 9215B

<b>Field Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Date/Time</b>	<b>Analyst</b>	<b>Method</b>	
pH:	7.6 SU	7.2 - 7.8 SU	5/28/25	12:30 PM	VH	DPD
Chlorine:	5.0 mg/l	1.0 - 5.0 mg/l	5/28/25	12:30 PM	VH	DPD
Turbidity:	1 NTU	1 - 2 NTU	5/28/25	12:30 PM	VH	Visual

**Sample comments**

(When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor



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