



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

Lab ID No. 02-04041

**W-2**

**Lab# 330**

**Laboratory Analysis Report**

**Customer**

Facility Name: *West Allegheny High School*

**Sample Collection**

Date: *9/2/25*

Address: *205 West Allegheny Rd.  
Imperial, PA 15126*

Time: *10:15 AM*

Method: *Grab*

Matrix: *Recreational Water*

**Sample Final Analysis**

Date: *9/5/25*

Source Type: *Shallow End*

Time: *10:00 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	9/3/25	9:30 AM	SL	SM 9222G
Total coliforms:	0/100mls	2/100mls	9/3/25	9:30 AM	SL	SM 9222B
Standard plate count:	0/ml	200/ml	9/2/25	3:50 PM	AS	SM 9215B

<b>Field Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Date/Time</b>	<b>Analyst</b>	<b>Method</b>	
pH:	7.4 SU	7.2 - 7.8 SU	9/2/25	10:15 AM	VH	DPD
Chlorine:	3.0 mg/l	1.0 - 5.0 mg/l	9/2/25	10:15 AM	VH	DPD
Turbidity:	1 NTU	1 - 2 NTU	9/2/25	10:15 AM	VH	Visual

**Sample comments**

(When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor