



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

Lab ID No. 02-04041

PPS

Lab# 003

**Customer**

Facility Name: *Allardice H.S.*

Address: *2409 Shady Ave.  
Pittsburgh, PA 15217*

Matrix: *Recreational Water*

Source Type: *Pool Deep*

**Sample Collection**

Date: *7/30/25*

Time: *10:15 AM*

Method: *Grab*

**Sample Final Analysis**

Date: *8/1/25*

Time: *3:30 PM*

Analyst: *AS*

Accredited Analysis	Results	Rating	Incubation Date/Time	Analyst	Method
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

Field Analysis	Results	Rating	Date/Time	Analyst	Method
pH:	7.6 SU	A	7/30/25	10:15 AM	CW DPD
Chlorine:	3.0 mg/l	A	7/30/25	10:15 AM	CW DPD
Turbidity:	1 NTU	A	7/30/25	10:15 AM	CW Visual

**Sample comments**

(When exceeding reporting limit pool or spa is unfit)

A handwritten signature in black ink that reads "Andre Smith".

Andre Smith, Lead Supervisor



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