



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

Lab ID No. 02-04041

S-1

Lab# 443

**Customer**

Facility Name: *Highpoint Fitness*  
Address: *1000 Higbee Dr.  
Bethel Park, PA 15102*

Matrix: *Recreational Water*  
Source Type: *Pool*

**Sample Collection**

Date: *11/18/25*  
Time: *1:13 PM*  
Method: *Grab*

**Sample Final Analysis**

Date: *11/21/25*  
Time: *10:00 AM*  
Analyst: *AS*

| Accredited Analysis   | Results  | Reporting limit | Incubation Date/Time | Analyst  | Method |
|-----------------------|----------|-----------------|----------------------|----------|--------|
| Escherichia Coli:     | Absent   | Absent          | 11/19/25             | 10:30 AM | AS     |
| Total coliforms:      | 0/100mls | 2/100mls        | 11/19/25             | 10:30 AM | AS     |
| Standard plate count: | 0/ml     | 200/ml          | 11/18/25             | 5:50 PM  | SL     |

| Field Analysis | Results  | Reporting limit | Date/Time | Analyst | Method |
|----------------|----------|-----------------|-----------|---------|--------|
| pH:            | 7.2 SU   | 7.2 - 7.8 SU    | 11/18/25  | 1:13 PM | MM     |
| Chlorine:      | 3.0 mg/l | 1.0 - 5.0 mg/l  | 11/18/25  | 1:13 PM | MM     |
| Turbidity:     | 1 NTU    | 1 - 2 NTU       | 11/18/25  | 1:13 PM | Visual |

**Sample comments**

(When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor