



**Dreams Pools and Spas**  
**1105 Washington Blvd**  
**Pittsburgh, Pennsylvania 15206** **PPS**  
**(412) 661-7665**  
**Laboratory Analysis Report Lab# 026**

Lab ID No. 02-04041

**Customer**

Facility Name: *Brashear High School*

Address: *590 Crane Ave  
Pittsburgh, PA 15216*

Matrix: *Recreational Water*

Source Type: *Pool Deep*

**Sample Collection**

Date: *6/3/25*

Time: *1:40 PM*

Method: *Grab*

**Sample Final Analysis**

Date: *6/6/25*

Time: *9:30 AM*

Analyst: *AS*

<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	6/4/25	11:00 AM	EB	SM 9222G
Total coliforms:	0/100mls	A	6/4/25	11:00 AM	EB	SM 9222B
Standard plate count:	0/ml	A	6/3/25	5:15 PM	SL	SM 9215B

<b>Field Analysis</b>	<b>Results</b>	<b>Rating</b>	<b>Date/Time</b>	<b>Analyst</b>	<b>Method</b>	
pH:	7.4 SU	A	6/3/25	1:40 PM	DW	DPD
Chlorine:	3.0 mg/l	A	6/3/25	1:40 PM	DW	DPD
Turbidity:	1 NTU	A	6/3/25	1:40 PM	DW	Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor



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