



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

Lab ID No. 02-04041  
**PPS**

Lab# 004

**Customer**

Facility Name: *Allderdice H.S.*  
  
Address: *2409 Shady Ave.*  
*Pittsburgh, PA 15217*

Matrix: *Recreational Water*

Source Type: *Pool Shallow*

**Sample Collection**

Date: *10/6/25*  
Time: *11:41 AM*  
Method: *Grab*

**Sample Final Analysis**

Date: *10/9/25*  
Time: *11:00 AM*  
Analyst: *AS*

| Accredited Analysis   | Results  | Rating | Incubation Date/Time |          | Analyst | Method   |
|-----------------------|----------|--------|----------------------|----------|---------|----------|
| Escherichia Coli:     | Absent   | A      | 10/7/25              | 10:20 AM | AS      | SM 9222G |
| Total coliforms:      | 0/100mls | A      | 10/7/25              | 10:20 AM | AS      | SM 9222B |
| Standard plate count: | 0/ml     | A      | 10/6/25              | 4:50 PM  | AS      | SM 9215B |

| Field Analysis | Results  | Rating | Date/Time |          | Analyst | Method |
|----------------|----------|--------|-----------|----------|---------|--------|
| pH:            | 7.8 SU   | C      | 10/6/25   | 11:41 AM | MM      | DPD    |
| Chlorine:      | 2.0 mg/l | B      | 10/6/25   | 11:41 AM | MM      | DPD    |
| Turbidity:     | 1 NTU    | A      | 10/6/25   | 11:41 AM | MM      | Visual |

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor