



**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: *9/30/25*  
Time: *1:17 PM*  
Method: *Grab*

**Sample Final Analysis**

Date: *10/3/25*  
Time: *11:30 AM*  
Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	10/1/25	11:00 AM	JC
Total coliforms:	0/100mls	2/100mls	10/1/25	11:00 AM	JC
Standard plate count:	0/ml	200/ml	9/30/25	5:00 PM	SL

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
pH:	7.6 SU	7.2 - 7.8 SU	9/30/25	1:17 PM	MM
Chlorine:	2.0 mg/l	1.0 - 5.0 mg/l	9/30/25	1:17 PM	MM
Turbidity:	1 NTU	1 - 2 NTU	9/30/25	1:17 PM	Visual

**Sample comments**

(When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor