



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

Lab ID No. 02-04041

**C-10**

**Lab# 196**

**Customer**

Facility Name: *Kingley Assoc.*

Address: *6435 Frankstown Ave.*  
*Pittsburgh, PA 15206*

Matrix: *Recreational Water*

Source Type: *Pool - Shallow*

**Sample Collection**

Date: *8/4/25*

Time: *8:30 AM*

Method: *Grab*

**Sample Final Analysis**

Date: *8/7/25*

Time: *11:20 AM*

Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	8/5/25 9:50 AM	AH	SM 9222G
Total coliforms:	0/100mls	2/100mls	8/5/25 9:50 AM	AH	SM 9222B
Standard plate count:	18/ml	200/ml	8/4/25 3:15 PM	AH	SM 9215B

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
pH:	7.4 SU	7.2 - 7.8 SU	8/4/25 8:30 AM	LM	DPD
Chlorine:	1.0 mg/l	1.0 - 5.0 mg/l	8/4/25 8:30 AM	LM	DPD
Turbidity:	1 NTU	1 - 2 NTU	8/4/25 8:30 AM	LM	Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor



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