



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

Lab ID No. 02-04041

**S-1**

**Lab# 429**

**Customer**

Facility Name: *Upper St. Clair High School*  
Address: *1825 McLaughlin Run Rd.*  
*Upper St. Clair, PA 15241*

**Sample Collection**

Date: *10/15/25*  
Time: *2:00 PM*  
Method: *Grab*

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

**Sample Final Analysis**

Date: *10/17/25*  
Time: *6:00 PM*  
Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time		Analyst	Method
Escherichia Coli:	Absent	Absent	10/15/25	5:40 PM	SL	SM 9222G
Total coliforms:	0/100mls	2/100mls	10/15/25	5:40 PM	SL	SM 9222B
Standard plate count:	0/ml	200/ml	10/15/25	5:20 PM	AS	SM 9215B

Field Analysis	Results	Reporting limit	Date/Time		Analyst	Method
pH:	7.6 SU	7.2 - 7.8 SU	10/15/25	2:00 PM	MM	DPD
Chlorine:	3.0 mg/l	1.0 - 5.0 mg/l	10/15/25	2:00 PM	MM	DPD
Turbidity:	1 NTU	1 - 2 NTU	10/15/25	2:00 PM	MM	Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor