



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

Lab ID No. 02-04041

N-11

Lab# 084

**Customer**

Facility Name: Deer Lakes H.S.  
Address: 163 East Union Road  
Cheswick, PA 15024  
Matrix: Recreational Water  
Source Type: Deep End

**Sample Collection**

Date: 8/5/25  
Time: 3:10 PM  
Method: Grab

**Sample Final Analysis**

Date: 8/8/25  
Time: 8:30 AM  
Analyst: AS

| Accredited Analysis   | Results  | Reporting limit | Incubation Date/Time | Analyst | Method |
|-----------------------|----------|-----------------|----------------------|---------|--------|
| Escherichia Coli:     | Absent   | Absent          | 8/6/25               | 2:40 PM | AH     |
| Total coliforms:      | 0/100mls | 2/100mls        | 8/6/25               | 2:40 PM | AH     |
| Standard plate count: | 0/ml     | 200/ml          | 8/5/25               | 6:45 PM | AS     |

| Field Analysis | Results  | Reporting limit | Date/Time | Analyst | Method |
|----------------|----------|-----------------|-----------|---------|--------|
| pH:            | 7.2 SU   | 7.2 - 7.8 SU    | 8/5/25    | 3:10 PM | SH     |
| Chlorine:      | 3.0 mg/l | 1.0 - 5.0 mg/l  | 8/5/25    | 3:10 PM | SH     |
| Turbidity:     | 1 NTU    | 1 - 2 NTU       | 8/5/25    | 3:10 PM | Visual |

**Sample comments**

(When exceeding reporting limit pool or spa is unfit)

A handwritten signature in black ink that reads "Andre Smith".

Andre Smith, Lead Supervisor



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

Lab ID No. 02-04041

N-11

Lab# 084

**Customer**

Facility Name: Deer Lakes H.S.  
Address: 163 East Union Road  
Cheswick, PA 15024  
Matrix: Recreational Water  
Source Type: Deep End

**Sample Collection**

Date: 8/5/25  
Time: 3:10 PM  
Method: Grab

**Sample Final Analysis**

Date: 8/8/25  
Time: 8:30 AM  
Analyst: AS

| Accredited Analysis   | Results  | Reporting limit | Incubation Date/Time | Analyst | Method |
|-----------------------|----------|-----------------|----------------------|---------|--------|
| Escherichia Coli:     | Absent   | Absent          | 8/6/25               | 2:40 PM | AH     |
| Total coliforms:      | 0/100mls | 2/100mls        | 8/6/25               | 2:40 PM | AH     |
| Standard plate count: | 0/ml     | 200/ml          | 8/5/25               | 6:45 PM | AS     |

| Field Analysis | Results  | Reporting limit | Date/Time | Analyst | Method |
|----------------|----------|-----------------|-----------|---------|--------|
| pH:            | 7.2 SU   | 7.2 - 7.8 SU    | 8/5/25    | 3:10 PM | SH     |
| Chlorine:      | 3.0 mg/l | 1.0 - 5.0 mg/l  | 8/5/25    | 3:10 PM | SH     |
| Turbidity:     | 1 NTU    | 1 - 2 NTU       | 8/5/25    | 3:10 PM | Visual |

**Sample comments**

(When exceeding reporting limit pool or spa is unfit)

A handwritten signature in black ink that reads "Andre Smith".

Andre Smith, Lead Supervisor