



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

Lab ID No. 02-04041

E-2

Lab# 001

Customer

Facility Name: *Aerobics Center*
Address: *526 New Alexandria Rd.*
Greensburg, PA 15601

Sample Collection

Date: *9/10/25*
Time: *1:55 PM*
Method: *Grab*

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

Sample Final Analysis

Date: *9/12/25*
Time: *3:00 PM*
Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time		Analyst	Method
Escherichia Coli:	Absent	Absent	9/10/25	5:30 PM	AS	SM 9222G
Total coliforms:	0/100mls	2/100mls	9/10/25	5:30 PM	AS	SM 9222B
Standard plate count:	0/ml	200/ml	9/10/25	5:30 PM	AS	SM 9215B

Field Analysis	Results	Reporting limit	Date/Time		Analyst	Method
pH:	8.0 SU	7.2 - 7.8 SU	9/10/25	1:55 PM	BH	DPD
Chlorine:	7.5 mg/l	1.0 - 5.0 mg/l	9/10/25	1:55 PM	BH	DPD
Turbidity:	1 NTU	1 - 2 NTU	9/10/25	1:55 PM	BH	Visual

Sample comments

Andre Smith

(When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor