



**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*

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

**Sample Collection**

**Date:** *11/17/25*  
**Time:** *1:07 PM*  
**Method:** *Grab*

**Sample Final Analysis**

**Date:** *11/20/25*  
**Time:** *10:00 AM*  
**Analyst:** *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time		Analyst	Method
Escherichia Coli:	Absent	Absent	11/18/25	10:30 AM	SL	SM 9222G
Total coliforms:	0/100mls	2/100mls	11/18/25	10:30 AM	SL	SM 9222B
Standard plate count:	0/ml	200/ml	11/17/25	5:08 PM	AS	SM 9215B

Field Analysis	Results	Reporting limit	Date/Time		Analyst	Method
pH:	7.6 SU	7.2 - 7.8 SU	11/17/25	1:07 PM	SL	DPD
Chlorine:	3.0 mg/l	1.0 - 5.0 mg/l	11/17/25	1:07 PM	SL	DPD
Turbidity:	1 NTU	1 - 2 NTU	11/17/25	1:07 PM	SL	Visual

**Sample comments**

Andre Smith, Lead Supervisor

( When exceeding reporting limit pool or spa is unfit)