



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

Lab ID No. 02-04041

S-1

Lab# 259

**Customer**

Facility Name: *Providence Pointe*  
Address: *301 Kane Blvd.  
Pittsburgh, PA 15243*

Matrix: *Recreational Water*  
Source Type: *Spa*

**Sample Collection**

Date: *12/23/25*  
Time: *10:40 AM*  
Method: *Grab*

**Sample Final Analysis**

Date: *12/26/25*  
Time: *11:00 AM*  
Analyst: *AS*

<b>Accredited Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Incubation Date/Time</b>	<b>Analyst</b>	<b>Method</b>
Escherichia Coli:	Absent	Absent	12/24/25	10:30 AM	AS
Total coliforms:	0/100mls	2/100mls	12/24/25	10:30 AM	AS
Standard plate count:	0/ml	200/ml	12/23/25	5:30 PM	AS

<b>Additional Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Incubation Date/Time</b>	<b>Analyst</b>	<b>Method</b>
Fecal Streptococcus	0/100mls	2/100mls	12/24/25	12:00 PM	JC

<b>Field Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Date/Time</b>	<b>Analyst</b>	<b>Method</b>
pH:	7.2 SU	7.2 - 7.8 SU	12/23/25	10:40 AM	EB
Chlorine:	5.0 mg/l	1.0 - 5.0 mg/l	12/23/25	10:40 AM	EB
Turbidity:	1 NTU	1 - 2 NTU	12/23/25	10:40 AM	EB

**Sample comments**

*Andre Smith*

Andre Smith, Lead Supervisor

(When exceeding reporting limit pool or spa is unfit)