



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

Lab ID No. 02-04041

**E-2**

**Lab# 144**

**Customer**

Facility Name: *Hempfield Area Sr.High School \**

Address: *4345 Route 136  
Greensburg, PA 15601*

Matrix: *Recreational Water*

Source Type: *Pool*

**Sample Collection**

Date: *9/15/25*

Time: *12:13 PM*

Method: *Grab*

**Sample Final Analysis**

Date: *9/18/25*

Time: *9:00 AM*

Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time		Analyst	Method
Escherichia Coli:	Absent	Absent	9/16/25	9:30 AM	SL	SM 9222G
Total coliforms:	0/100mls	2/100mls	9/16/25	9:30 AM	SL	SM 9222B
Standard plate count:	0/ml	200/ml	9/15/25	3:30 PM	AS	SM 9215B

Field Analysis	Results	Reporting limit	Date/Time		Analyst	Method
pH:	7.6 SU	7.2 - 7.8 SU	9/15/25	12:13 PM	JC	DPD
Chlorine:	3.0 mg/l	1.0 - 5.0 mg/l	9/15/25	12:13 PM	JC	DPD
Turbidity:	1 NTU	1 - 2 NTU	9/15/25	12:13 PM	JC	Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor