



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

Lab ID No. 02-04041

**C-1**

**Lab# 262**

**Customer**

Facility Name: *Rehabilitation Institute*

Address: *1405 Shady Ave.*  
*Pittsburgh, PA 15217*

Matrix: *Recreational Water*

Source Type: *Pool - Sm*

**Sample Collection**

Date: *2/10/26*

Time: *8:18 AM*

Method: *Grab*

**Sample Final Analysis**

Date: *2/13/26*

Time: *10:30 AM*

Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time		Analyst	Method
Escherichia Coli:	Absent	Absent	2/11/26	10:00 AM	JC	SM 9222G
Total coliforms:	0/100mls	2/100mls	2/11/26	10:00 AM	JC	SM 9222B
Standard plate count:	0/ml	200/ml	2/10/26	3:20 PM	SL	SM 9215B

Field Analysis	Results	Reporting limit	Date/Time		Analyst	Method
pH:	7.4 SU	7.2 - 7.8 SU	2/10/26	8:18 AM	GR	DPD
Chlorine:	2.0 mg/l	1.0 - 5.0 mg/l	2/10/26	8:18 AM	GR	DPD
Turbidity:	1 NTU	1 - 2 NTU	2/10/26	8:18 AM	GR	Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor