



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

Lab ID No. 02-04041

**S-3**

**Lab# 255**

**Customer**

Facility Name: *Peters Twp. High School*

Address: *121 Rolling Hills Dr.  
McMurray, PA 15317*

Matrix: *Recreational Water*

Source Type: *Pool Shallow*

**Sample Collection**

Date: *1/14/26*

Time: *1:25 PM*

Method: *Grab*

**Sample Final Analysis**

Date: *1/16/26*

Time: *5:30 PM*

Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time		Analyst	Method
Escherichia Coli:	Absent	Absent	1/14/26	5:18 PM	SL	SM 9222G
Total coliforms:	0/100mls	2/100mls	1/14/26	5:18 PM	SL	SM 9222B
Standard plate count:	0/ml	200/ml	1/14/26	5:18 PM	SL	SM 9215B

Field Analysis	Results	Reporting limit	Date/Time		Analyst	Method
pH:	7.6 SU	7.2 - 7.8 SU	1/14/26	1:25 PM	BH	DPD
Chlorine:	2.0 mg/l	1.0 - 5.0 mg/l	1/14/26	1:25 PM	BH	DPD
Turbidity:	1 NTU	1 - 2 NTU	1/14/26	1:25 PM	BH	Visual

**Sample comments**

Andre Smith, Lead Supervisor

( When exceeding reporting limit pool or spa is unfit)