



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

Lab ID No. 02-04041

PPS

Lab# 003

**Customer**

Facility Name: *Allardice H.S.*

Address: *2409 Shady Ave.  
Pittsburgh, PA 15217*

Matrix: *Recreational Water*

Source Type: *Pool Deep*

**Sample Collection**

Date: *1/27/26*

Time: *12:15 PM*

Method: *Grab*

**Sample Final Analysis**

Date: *1/30/26*

Time: *11:00 AM*

Analyst: *AS*

Accredited Analysis	Results	Rating	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	A	1/28/26	10:30 AM	JC
Total coliforms:	1/100mls	B	1/28/26	10:30 AM	JC
Standard plate count:	0/ml	A	1/27/26	5:16 PM	AS

Field Analysis	Results	Rating	Date/Time	Analyst	Method
pH:	7.6 SU	A	1/27/26	12:15 PM	MM
Chlorine:	3.0 mg/l	A	1/27/26	12:15 PM	MM
Turbidity:	1 NTU	A	1/27/26	12:15 PM	Visual

**Sample comments**

(When exceeding reporting limit pool or spa is unfit)

A handwritten signature in black ink that reads "Andre Smith".

Andre Smith, Lead Supervisor