



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

Lab ID No. 02-04041

**W-2**

**Lab# 089**

**Laboratory Analysis Report**

**Customer**

Facility Name: *Donaldson Elementary*  
Address: *600 Donaldson Rd.  
Oakdale, PA 15071-3708*  
Matrix: *Recreational Water*  
Source Type: *Pool*

**Sample Collection**

Date: *11/18/25*  
Time: *#REF!*  
Method: *Grab*  
  
**Sample Final Analysis**  
Date: *11/21/25*  
Time: *10:00 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	11/19/25	10:30 AM	AS
Total coliforms:	0/100mls	2/100mls	11/19/25	10:30 AM	AS
Standard plate count:	0/ml	200/ml	11/18/25	3:18 PM	SL

<b>Field Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Date/Time</b>	<b>Analyst</b>	<b>Method</b>
pH:	7.4 SU	7.2 - 7.8 SU	11/18/25	10:00 AM	VH
Chlorine:	3.0 mg/l	1.0 - 5.0 mg/l	11/18/25	10:00 AM	VH
Turbidity:	1 NTU	1 - 2 NTU	11/18/25	10:00 AM	VH

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor