



**Dreams Pools and Spas**  
**1105 Washington Blvd**  
**Pittsburgh, Pennsylvania 15206** **PPS**  
**(412) 661-7665**  
**Laboratory Analysis Report Lab# 253**

Lab ID No. 02-04041

**Customer**

Facility Name: *Perry Traditional Academy*

Address: *3875 Perrysville Ave.  
Pittsburgh, PA 15214*

Matrix: *Recreational Water*

Source Type: *Pool Shallow*

**Sample Collection**

Date: *7/8/25*

Time: *1:15 PM*

Method: *Grab*

**Sample Final Analysis**

Date: *7/11/25*

Time: *9:00 AM*

Analyst: *AS*

<b>Accredited Analysis</b>	<b>Results</b>	<b>Rating</b>	<b>Incubation Date/Time</b>	<b>Analyst</b>	<b>Method</b>	
Escherichia Coli:	Absent	A	7/9/25	9:30 AM	AH	SM 9222G
Total coliforms:	0/100mls	A	7/9/25	9:30 AM	AH	SM 9222B
Standard plate count:	0/ml	A	7/8/25	4:30 PM	AH	SM 9215B

<b>Field Analysis</b>	<b>Results</b>	<b>Rating</b>	<b>Date/Time</b>	<b>Analyst</b>	<b>Method</b>	
pH:	7.6 SU	A	7/8/25	1:15 PM	EJ	DPD
Chlorine:	1.5 mg/l	C	7/8/25	1:15 PM	EJ	DPD
Turbidity:	1 NTU	A	7/8/25	1:15 PM	EJ	Visual

**Sample comments**

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

( When exceeding reporting limit pool or spa is unfit)

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Andre Smith, Lead Supervisor



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**Sample comments**

A handwritten signature in black ink that reads "Andre Smith". The signature is fluid and cursive, with "Andre" on the first line and "Smith" on the second line.

( When exceeding reporting limit pool or spa is unfit)

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Andre Smith, Lead Supervisor