



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

Lab ID No. 02-04041

C-1

Lab# 225

**Customer**

Facility Name: *Metropolitan*  
Address: *537 N Neville St  
Pittsburgh, PA 15213*  
Matrix: *Recreational Water*  
Source Type: *Pool*

**Sample Collection**

Date: *9/16/25*  
Time: *10:16 AM*  
Method: *Grab*

**Sample Final Analysis**

Date: *9/19/25*  
Time: *9:00 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	9/17/25	9:00 AM	JC	SM 9222G
Total coliforms:	0/100mls	2/100mls	9/17/25	9:00 AM	JC	SM 9222B
Standard plate count:	200/ml	200/ml	9/16/25	2:00 PM	SL	SM 9215B

<b>Field Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Date/Time</b>	<b>Analyst</b>	<b>Method</b>	
pH:	8.0 SU	7.2 - 7.8 SU	9/16/25	10:16 AM	GR	DPD
Chlorine:	0.0 mg/l	1.0 - 5.0 mg/l	9/16/25	10:16 AM	GR	DPD
Turbidity:	1 NTU	1 - 2 NTU	9/16/25	10:16 AM	GR	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