



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

Lab ID No. 02-04041

N-16

Lab# 135

**Customer**

Facility Name: *Hampton School District*

Address: *2929 McCully Road  
Allison Park, PA 15101*

Matrix: *Recreational Water*

Source Type: *Shallow End*

**Sample Collection**

Date: *5/27/25*

Time: *11:10 AM*

Method: *Grab*

**Sample Final Analysis**

Date: *5/30/25*

Time: *9:00 AM*

Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	5/28/25	11:00 AM	AH
Total coliforms:	0/100mls	2/100mls	5/28/25	11:00 AM	AH
Standard plate count:	0/ml	200/ml	5/27/25	7:00 PM	SL

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
pH:	7.8 SU	7.2 - 7.8 SU	5/27/25	11:10 AM	SL
Chlorine:	5.0 mg/l	1.0 - 5.0 mg/l	5/27/25	11:10 AM	SL
Turbidity:	1 NTU	1 - 2 NTU	5/27/25	11:10 AM	Visual

**Sample comments**

(When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor



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