



**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: *2/10/26*  
Time: *#REF!*  
Method: *Grab*

**Sample Final Analysis**

Date: *2/13/26*  
Time: *10:30 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	2/11/26	10:00 AM	JC	SM 9222G
Total coliforms:	0/100mls	2/100mls	2/11/26	10:00 AM	JC	SM 9222B
Standard plate count:	0/ml	200/ml	2/10/26	3:20 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:	7.4 SU	7.2 - 7.8 SU	2/10/26	10:00 AM	VH	DPD
Chlorine:	1.0 mg/l	1.0 - 5.0 mg/l	2/10/26	10:00 AM	VH	DPD
Turbidity:	1 NTU	1 - 2 NTU	2/10/26	10:00 AM	VH	Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor