



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

Lab ID No. 02-04041

S-1

Lab# 444

**Customer**

Facility Name: *Highpoint Fitness*  
Address: *1000 Higbee Dr.  
Bethel Park, PA 15102*  
Matrix: *Recreational Water*  
Source Type: *Therapy Pool*

**Sample Collection**

Date: *12/16/25*  
Time: *12:16 PM*  
Method: *Grab*

**Sample Final Analysis**

Date: *12/19/25*  
Time: *11:00 AM*  
Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	12/17/25	10:30 AM	AS
Total coliforms:	0/100mls	2/100mls	12/17/25	10:30 AM	AS
Standard plate count:	0/ml	200/ml	12/16/25	5:45 PM	AS

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
pH:	7.4 SU	7.2 - 7.8 SU	12/16/25	12:16 PM	MM
Chlorine:	2.0 mg/l	1.0 - 5.0 mg/l	12/16/25	12:16 PM	MM
Turbidity:	1 NTU	1 - 2 NTU	12/16/25	12:16 PM	Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor