



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

Lab ID No. 02-04041

W-1

Lab# 324

Customer

Facility Name: *Verland Foundation*

Address: *212 Iris Rd.
Sewickley, PA 15143*

Matrix: *Recreational Water*

Source Type: *Pool*

Sample Collection

Date: *1/5/26*

Time: *10:26 AM*

Method: *Grab*

Sample Final Analysis

Date: *1/8/26*

Time: *10:30 AM*

Analyst: *AS*

| Accredited Analysis | Results | Reporting limit | Incubation Date/Time | Analyst | Method |
|-----------------------|----------|-----------------|----------------------|----------|--------|
| Escherichia Coli: | Absent | Absent | 1/6/26 | 10:00 AM | JC |
| Total coliforms: | 0/100mls | 2/100mls | 1/6/26 | 10:00 AM | JC |
| Standard plate count: | 0/ml | 200/ml | 1/5/26 | 5:00 PM | SL |

| Field Analysis | Results | Reporting limit | Date/Time | Analyst | Method |
|----------------|----------|-----------------|-----------|----------|--------|
| pH: | 7.4 SU | 7.2 - 7.8 SU | 1/5/26 | 10:26 AM | AMH |
| Chlorine: | 3.0 mg/l | 1.0 - 5.0 mg/l | 1/5/26 | 10:26 AM | AMH |
| Turbidity: | 1 NTU | 1 - 2 NTU | 1/5/26 | 10:26 AM | AMH |

Sample comments

Andre Smith, Lead Supervisor

(When exceeding reporting limit pool or spa is unfit)