



**Dreams Pools and Spas**  
**1105 Washington Blvd**  
**Pittsburgh, Pennsylvania 15206** **PPS**  
**(412) 661-7665**  
**Laboratory Analysis Report Lab# 310**

Lab ID No. 02-04041

**Customer**

Facility Name: *University Prep Middle School*

Address: *3117 Centre Ave.  
Pittsburgh, PA 15219*

Matrix: *Recreational Water*

Source Type: *Pool Shallow*

**Sample Collection**

Date: *8/11/25*

Time: *12:50 PM*

Method: *Grab*

**Sample Final Analysis**

Date: *8/14/25*

Time: *9:00 AM*

Analyst: *AS*

<b>Accredited Analysis</b>	<b>Results</b>	<b>Rating</b>	<b>Incubation Date/Time</b>	<b>Analyst</b>	<b>Method</b>	
Escherichia Coli:	Absent	A	8/12/25	10:00 AM	EB	SM 9222G
Total coliforms:	0/100mls	A	8/12/25	10:00 AM	EB	SM 9222B
Standard plate count:	0/ml	A	8/11/25	5:20 PM	AH	SM 9215B

<b>Field Analysis</b>	<b>Results</b>	<b>Rating</b>	<b>Date/Time</b>	<b>Analyst</b>	<b>Method</b>	
pH:	7.6 SU	A	8/11/25	12:50 PM	SL	DPD
Chlorine:	3.0 mg/l	A	8/11/25	12:50 PM	SL	DPD
Turbidity:	1 NTU	A	8/11/25	12:50 PM	SL	Visual

**Sample comments**

*Andre Smith*

(When exceeding reporting limit pool or spa is unfit)

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Andre Smith, Lead Supervisor



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