



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

Lab ID No. 02-04041

**C-10**

**Lab# 262**

**Customer**

**Facility Name:** *Rehabilitation Institute*  
**Address:** *1405 Shady Ave.*  
*Pittsburgh, PA 15217*

**Sample Collection**

**Date:** *7/21/25*  
**Time:** *9:20 AM*  
**Method:** *Grab*

**Sample Final Analysis**

**Date:** *7/24/25*  
**Time:** *10:00 AM*  
**Analyst:** *AS*

**Matrix:** *Recreational Water*  
**Source Type:** *Pool - Sm*

<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	7/22/25	9:00 AM	SL	SM 9222G
Total coliforms:	0/100mls	2/100mls	7/22/25	9:00 AM	SL	SM 9222B
Standard plate count:	0/ml	200/ml	7/21/25	3:53 PM	AH	SM 9215B

<b>Field Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Date/Time</b>		<b>Analyst</b>	<b>Method</b>
pH:	7.0 SU	7.2 - 7.8 SU	7/21/25	9:20 AM	LM	DPD
Chlorine:	2.0 mg/l	1.0 - 5.0 mg/l	7/21/25	9:20 AM	LM	DPD
Turbidity:	1 NTU	1 - 2 NTU	7/21/25	9:20 AM	LM	Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor



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