



**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: *9/8/25*

Time: *10:23 AM*

Method: *Grab*

**Sample Final Analysis**

Date: *9/11/25*

Time: *10:00 AM*

Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	9/9/25	9:00 AM	SL SM 9222G
Total coliforms:	0/100mls	2/100mls	9/9/25	9:00 AM	SL SM 9222B
Standard plate count:	0/ml	200/ml	9/8/25	5:30 PM	AS SM 9215B

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
pH:	7.6 SU	7.2 - 7.8 SU	9/8/25	10:23 AM	AMH DPD
Chlorine:	7.6 mg/l	1.0 - 5.0 mg/l	9/8/25	10:23 AM	AMH DPD
Turbidity:	1 NTU	1 - 2 NTU	9/8/25	10:23 AM	AMH Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

A handwritten signature in black ink that reads "Andre Smith".

Andre Smith, Lead Supervisor