



**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: *1/12/26*

Time: *10:02 AM*

Method: *Grab*

**Sample Final Analysis**

Date: *1/15/26*

Time: *11:30 AM*

Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method	
Escherichia Coli:	Absent	Absent	1/13/26	11:00 AM	JC	SM 9222G
Total coliforms:	0/100mls	2/100mls	1/13/26	11:00 AM	JC	SM 9222B
Standard plate count:	0/ml	200/ml	1/12/26	5:22 PM	SL	SM 9215B

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method	
pH:	7.6 SU	7.2 - 7.8 SU	1/12/26	10:02 AM	AMH	DPD
Chlorine:	3.0 mg/l	1.0 - 5.0 mg/l	1/12/26	10:02 AM	AMH	DPD
Turbidity:	1 NTU	1 - 2 NTU	1/12/26	10:02 AM	AMH	Visual

**Sample comments**

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

Andre Smith, Lead Supervisor

( When exceeding reporting limit pool or spa is unfit)