



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

Lab ID No. 02-04041  
**PPS**

Lab# 004

**Customer**

Facility Name: *Allerdice H.S.*  
  
Address: *2409 Shady Ave.*  
*Pittsburgh, PA 15217*

Matrix: *Recreational Water*

Source Type: *Pool Shallow*

**Sample Collection**

Date: *7/30/25*  
Time: *10:15 AM*  
Method: *Grab*

**Sample Final Analysis**

Date: *8/1/25*  
Time: *3:30 PM*  
Analyst: *AS*

| Accredited Analysis   | Results  | Rating | Incubation Date/Time |         | Analyst | Method   |
|-----------------------|----------|--------|----------------------|---------|---------|----------|
| Escherichia Coli:     | Absent   | A      | 7/30/25              | 4:30 PM | SL      | SM 9222G |
| Total coliforms:      | 0/100mls | A      | 7/30/25              | 4:30 PM | SL      | SM 9222B |
| Standard plate count: | 0/ml     | A      | 7/30/25              | 4:50 PM | EB      | SM 9215B |

| Field Analysis | Results  | Rating | Date/Time |          | Analyst | Method |
|----------------|----------|--------|-----------|----------|---------|--------|
| pH:            | 7.6 SU   | A      | 7/30/25   | 10:15 AM | CW      | DPD    |
| Chlorine:      | 3.0 mg/l | A      | 7/30/25   | 10:15 AM | CW      | DPD    |
| Turbidity:     | 1 NTU    | A      | 7/30/25   | 10:15 AM | CW      | Visual |

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor



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