



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

Lab ID No. 02-04041

**SERVICE**

**Lab# 314**

**Customer**

Facility Name: UPMC Sports Rehab - South

Address: 3200 S. Water St  
Pittsburgh, PA 15203

Matrix: Recreational Water

Source Type: Therapy Spa

**Sample Collection**

Date: 7/21/25

Time: 9:45 AM

Method: Grab

**Sample Final Analysis**

Date: 7/24/25

Time: 10:00 AM

Analyst: AS

| Accredited Analysis | Results | Reporting limit | Incubation Date/Time | Analyst | Method |
|---------------------|---------|-----------------|----------------------|---------|--------|
|---------------------|---------|-----------------|----------------------|---------|--------|

|                   |        |        |         |          |    |          |
|-------------------|--------|--------|---------|----------|----|----------|
| Escherichia Coli: | Absent | Absent | 7/22/25 | 10:00 AM | AH | SM 9222G |
|-------------------|--------|--------|---------|----------|----|----------|

|                  |          |          |         |          |    |          |
|------------------|----------|----------|---------|----------|----|----------|
| Total coliforms: | 0/100mls | 2/100mls | 7/22/25 | 10:00 AM | AH | SM 9222B |
|------------------|----------|----------|---------|----------|----|----------|

|                       |      |        |         |         |    |          |
|-----------------------|------|--------|---------|---------|----|----------|
| Standard plate count: | 0/ml | 200/ml | 7/21/25 | 5:00 PM | AH | SM 9215B |
|-----------------------|------|--------|---------|---------|----|----------|

| Additional Analysis | Results | Reporting limit | Incubation Date/Time | Analyst | Method |
|---------------------|---------|-----------------|----------------------|---------|--------|
|---------------------|---------|-----------------|----------------------|---------|--------|

|                     |          |          |         |          |    |          |
|---------------------|----------|----------|---------|----------|----|----------|
| Fecal Streptococcus | 0/100mls | 2/100mls | 7/22/25 | 12:30 PM | AH | SM 9230C |
|---------------------|----------|----------|---------|----------|----|----------|

| Field Analysis | Results | Reporting limit | Date/Time | Analyst | Method |
|----------------|---------|-----------------|-----------|---------|--------|
|----------------|---------|-----------------|-----------|---------|--------|

|     |        |              |         |         |    |     |
|-----|--------|--------------|---------|---------|----|-----|
| pH: | 7.4 SU | 7.2 - 7.8 SU | 7/21/25 | 9:45 AM | AG | DPD |
|-----|--------|--------------|---------|---------|----|-----|

|           |          |                |         |         |    |     |
|-----------|----------|----------------|---------|---------|----|-----|
| Chlorine: | 3.0 mg/l | 1.0 - 5.0 mg/l | 7/21/25 | 9:45 AM | AG | DPD |
|-----------|----------|----------------|---------|---------|----|-----|

|            |       |           |         |         |    |        |
|------------|-------|-----------|---------|---------|----|--------|
| Turbidity: | 1 NTU | 1 - 2 NTU | 7/21/25 | 9:45 AM | AG | Visual |
|------------|-------|-----------|---------|---------|----|--------|

**Sample comments**

*Andre Smith*

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor



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

Lab ID No. 02-04041

**SERVICE**

**Lab# 314**

**Customer**

Facility Name: UPMC Sports Rehab - South

Address: 3200 S. Water St  
Pittsburgh, PA 15203

Matrix: Recreational Water

Source Type: Therapy Spa

**Sample Collection**

Date: 7/21/25

Time: 9:45 AM

Method: Grab

**Sample Final Analysis**

Date: 7/24/25

Time: 10:00 AM

Analyst: AS

| Accredited Analysis | Results | Reporting limit | Incubation Date/Time | Analyst | Method |
|---------------------|---------|-----------------|----------------------|---------|--------|
|---------------------|---------|-----------------|----------------------|---------|--------|

|                   |        |        |         |          |    |          |
|-------------------|--------|--------|---------|----------|----|----------|
| Escherichia Coli: | Absent | Absent | 7/22/25 | 10:00 AM | AH | SM 9222G |
|-------------------|--------|--------|---------|----------|----|----------|

|                  |          |          |         |          |    |          |
|------------------|----------|----------|---------|----------|----|----------|
| Total coliforms: | 0/100mls | 2/100mls | 7/22/25 | 10:00 AM | AH | SM 9222B |
|------------------|----------|----------|---------|----------|----|----------|

|                       |      |        |         |         |    |          |
|-----------------------|------|--------|---------|---------|----|----------|
| Standard plate count: | 0/ml | 200/ml | 7/21/25 | 5:00 PM | AH | SM 9215B |
|-----------------------|------|--------|---------|---------|----|----------|

| Additional Analysis | Results | Reporting limit | Incubation Date/Time | Analyst | Method |
|---------------------|---------|-----------------|----------------------|---------|--------|
|---------------------|---------|-----------------|----------------------|---------|--------|

|                     |          |          |         |          |    |          |
|---------------------|----------|----------|---------|----------|----|----------|
| Fecal Streptococcus | 0/100mls | 2/100mls | 7/22/25 | 12:30 PM | AH | SM 9230C |
|---------------------|----------|----------|---------|----------|----|----------|

| Field Analysis | Results | Reporting limit | Date/Time | Analyst | Method |
|----------------|---------|-----------------|-----------|---------|--------|
|----------------|---------|-----------------|-----------|---------|--------|

|     |        |              |         |         |    |     |
|-----|--------|--------------|---------|---------|----|-----|
| pH: | 7.4 SU | 7.2 - 7.8 SU | 7/21/25 | 9:45 AM | AG | DPD |
|-----|--------|--------------|---------|---------|----|-----|

|           |          |                |         |         |    |     |
|-----------|----------|----------------|---------|---------|----|-----|
| Chlorine: | 3.0 mg/l | 1.0 - 5.0 mg/l | 7/21/25 | 9:45 AM | AG | DPD |
|-----------|----------|----------------|---------|---------|----|-----|

|            |       |           |         |         |    |        |
|------------|-------|-----------|---------|---------|----|--------|
| Turbidity: | 1 NTU | 1 - 2 NTU | 7/21/25 | 9:45 AM | AG | Visual |
|------------|-------|-----------|---------|---------|----|--------|

**Sample comments**

*Andre Smith*

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor