



**Dreams Pools and Spas**  
**1105 Washington Blvd**  
**Pittsburgh, Pennsylvania 15206** **PPS**  
**(412) 661-7665**  
**Laboratory Analysis Report Lab# 112**

Lab ID No. 02-04041

**Customer**

Facility Name: *Greenfield Elementary*

Address: *1 Alger St.  
Pittsburgh, PA 15207*

Matrix: *Recreational Water*

Source Type: *Shallow End*

**Sample Collection**

Date: *2/2/26*

Time: *12:32 PM*

Method: *Grab*

**Sample Final Analysis**

Date: *2/5/26*

Time: *10:30 AM*

Analyst: *AS*

<b>Accredited Analysis</b>	<b>Results</b>	<b>Rating</b>	<b>Incubation Date/Time</b>	<b>Analyst</b>	<b>Method</b>
Escherichia Coli:	Absent	A	2/3/26	10:00 AM	SL SM 9222G
Total coliforms:	0/100mls	A	2/3/26	10:00 AM	SL SM 9222B
Standard plate count:	0/ml	A	2/2/26	4:10 PM	SL SM 9215B

<b>Field Analysis</b>	<b>Results</b>	<b>Rating</b>	<b>Date/Time</b>	<b>Analyst</b>	<b>Method</b>
pH:	7.6 SU	A	2/2/26	12:32 PM	MM DPD
Chlorine:	4.0 mg/l	B	2/2/26	12:32 PM	MM DPD
Turbidity:	1 NTU	A	2/2/26	12:32 PM	MM Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor

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