



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

Lab ID No. 02-04041

**C-1**

**Lab# 261**

**Customer**

Facility Name: *Rehabilitation Institute*

Address: *1405 Shady Ave.  
Pittsburgh, PA 15217*

Matrix: *Recreational Water*

Source Type: *Pool - Lg*

**Sample Collection**

Date: *11/18/25*

Time: *8:20 AM*

Method: *Grab*

**Sample Final Analysis**

Date: *11/21/25*

Time: *10:00 AM*

Analyst: *AS*

| Accredited Analysis   | Results  | Reporting limit | Incubation Date/Time |          | Analyst | Method   |
|-----------------------|----------|-----------------|----------------------|----------|---------|----------|
| Escherichia Coli:     | Absent   | Absent          | 11/19/25             | 10:30 AM | AS      | SM 9222G |
| Total coliforms:      | 0/100mls | 2/100mls        | 11/19/25             | 10:30 AM | AS      | SM 9222B |
| Standard plate count: | 0/ml     | 200/ml          | 11/18/25             | 3:18 PM  | SL      | SM 9215B |

| Field Analysis | Results  | Reporting limit | Date/Time |         | Analyst | Method |
|----------------|----------|-----------------|-----------|---------|---------|--------|
| pH:            | 7.0 SU   | 7.2 - 7.8 SU    | 11/18/25  | 8:20 AM | GR      | DPD    |
| Chlorine:      | 2.0 mg/l | 1.0 - 5.0 mg/l  | 11/18/25  | 8:20 AM | GR      | DPD    |
| Turbidity:     | 1 NTU    | 1 - 2 NTU       | 11/18/25  | 8:20 AM | GR      | Visual |

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor