



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

Lab ID No. 02-04041

W-1

Lab# 038

**Customer**

Facility Name: *Carlynton High School*

Address: *435 Kings Hwy.  
Carnegie, PA 15106*

Matrix: *Recreational Water*

Source Type: *Deep End*

**Sample Collection**

Date: *11/10/25*

Time: *7:12 AM*

Method: *Grab*

**Sample Final Analysis**

Date: *11/13/25*

Time: *10:00 AM*

Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	11/11/25 9:50 AM	JC	SM 9222G
Total coliforms:	0/100mls	2/100mls	11/11/25 9:50 AM	JC	SM 9222B
Standard plate count:	0/ml	200/ml	11/10/25 5:10 PM	AS	SM 9215B

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
pH:	7.6 SU	7.2 - 7.8 SU	11/10/25 7:12 AM	AMH	DPD
Chlorine:	3.0 mg/l	1.0 - 5.0 mg/l	11/10/25 7:12 AM	AMH	DPD
Turbidity:	1 NTU	1 - 2 NTU	11/10/25 7:12 AM	AMH	Visual

**Sample comments**

*Andre Smith*

Andre Smith, Lead Supervisor

( When exceeding reporting limit pool or spa is unfit)