



**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*

**Sample Collection**

Date: *9/15/25*

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

Time: *12:22 PM*

Method: *Grab*

Matrix: *Recreational Water*

**Sample Final Analysis**

Date: *9/18/25*

Source Type: *Shallow End*

Time: *9:00 AM*

Analyst: *AS*

Accredited Analysis	Results	Rating	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	A	9/16/25	10:00 AM	JC
Total coliforms:	0/100mls	A	9/16/25	10:00 AM	JC
Standard plate count:	0/ml	A	9/15/25	5:45 PM	AS

Field Analysis	Results	Rating	Date/Time	Analyst	Method
pH:	8.0 SU	E	9/15/25	12:22 PM	MM
Chlorine:	1.0 mg/l	D	9/15/25	12:22 PM	MM
Turbidity:	1 NTU	A	9/15/25	12:22 PM	Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

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

Andre Smith, Lead Supervisor