



**Dreams Pools and Spas**  
**1105 Washington Blvd**  
**Pittsburgh, Pennsylvania 15206**      **PPS**  
**(412) 661- 7665**  
**Laboratory Analysis Report**      *Lab# 213*

Lab ID No. 02-04041

**Customer**

Facility Name: *Langley High School*

Address: *2940 Sheradan Blvd.  
Pittsburgh, PA 15204*

Matrix: *Recreational Water*

Source Type: *Pool Shallow*

**Sample Collection**

Date: *11/17/25*

Time: *3:20 PM*

Method: *Grab*

**Sample Final Analysis**

Date: *11/20/25*

Time: *10:00 AM*

Analyst: *AS*

Accredited Analysis	Results	Rating	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	A	11/18/25	11:30 AM	SL SM 9222G
Total coliforms:	0/100mls	A	11/18/25	11:30 AM	SL SM 9222B
Standard plate count:	0/ml	A	11/17/25	5:45 PM	SL SM 9215B

Field Analysis	Results	Rating	Date/Time	Analyst	Method
pH:	7.6 SU	A	11/17/25	3:20 PM	MM DPD
Chlorine:	3.0 mg/l	A	11/17/25	3:20 PM	MM DPD
Turbidity:	1 NTU	A	11/17/25	3:20 PM	MM Visual

**Sample comments**

Andre Smith, Lead Supervisor

( When exceeding reporting limit pool or spa is unfit)