



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

Lab ID No. 02-04041

**E-1**

**Lab# 107**

**Customer**

Facility Name: *Franklin Regional Middle School*

Address: *3200 School Rd.*  
*Murrysville, PA 15668*

Matrix: *Recreational Water*

Source Type: *Pool*

**Sample Collection**

Date: *9/3/25*

Time: *12:20 PM*

Method: *Grab*

**Sample Final Analysis**

Date: *9/6/25*

Time: *2:00 PM*

Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation	Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	9/4/25	9:15 AM	JC	SM 9222G
Total coliforms:	0/100mls	2/100mls	9/4/25	9:15 AM	JC	SM 9222B
Standard plate count:	0/ml	200/ml	9/3/25	4:15 PM	SL	SM 9215B

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method	
pH:	7.4 SU	7.2 - 7.8 SU	9/3/25	12:20 PM	SH	DPD
Chlorine:	5.0 mg/l	1.0 - 5.0 mg/l	9/3/25	12:20 PM	SH	DPD
Turbidity:	1 NTU	1 - 2 NTU	9/3/25	12:20 PM	SH	Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor