



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

Lab ID No. 02-04041  
**PPS**

Lab# 004

**Customer**

Facility Name: *Allderdice H.S.*  
  
Address: *2409 Shady Ave.*  
*Pittsburgh, PA 15217*

Matrix: *Recreational Water*

Source Type: *Pool Shallow*

**Sample Collection**

Date: *9/8/25*  
Time: *11:01 AM*  
Method: *Grab*

**Sample Final Analysis**

Date: *9/11/25*  
Time: *10:00 AM*  
Analyst: *AS*

Accredited Analysis	Results	Rating	Incubation Date/Time		Analyst	Method
Escherichia Coli:	Absent	A	9/9/25	9:30 AM	SL	SM 9222G
Total coliforms:	0/100mls	A	9/9/25	9:30 AM	SL	SM 9222B
Standard plate count:	0/ml	A	9/8/25	5:30 PM	AS	SM 9215B

Field Analysis	Results	Rating	Date/Time		Analyst	Method
pH:	7.6 SU	A	9/8/25	11:01 AM	MM	DPD
Chlorine:	4.0 mg/l	B	9/8/25	11:01 AM	MM	DPD
Turbidity:	1 NTU	A	9/8/25	11:01 AM	MM	Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor