



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

Lab ID No. 02-04041

PPS

Lab# 212

**Customer**

Facility Name: *Langley High School*

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

Matrix: *Recreational Water*

Source Type: *Pool Deep*

**Sample Collection**

Date: *6/10/25*

Time: *2:10 PM*

Method: *Grab*

**Sample Final Analysis**

Date: *6/13/25*

Time: *9:30 AM*

Analyst: *AS*

Accredited Analysis	Results	Rating	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	A	6/11/25	10:00 AM	EB
Total coliforms:	0/100mls	A	6/11/25	10:00 AM	EB
Standard plate count:	0/ml	A	6/10/25	4:33 PM	AH

Field Analysis	Results	Rating	Date/Time	Analyst	Method
pH:	7.4 SU	A	6/10/25	2:10 PM	DW
Chlorine:	3.0 mg/l	A	6/10/25	2:10 PM	DW
Turbidity:	1 NTU	A	6/10/25	2:10 PM	DW

**Sample comments**

(When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor



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