



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

Lab ID No. 02-04041

PPS

Lab# 010

**Customer**

Facility Name: *Arsenal Middle*  
Address: *3900 Butler St.  
Pittsburgh, PA 15201*  
Matrix: *Recreational Water*  
Source Type: *Pool Shallow*

**Sample Collection**

Date: *9/2/25*  
Time: *10:16 AM*  
Method: *Grab*

**Sample Final Analysis**

Date: *9/5/25*  
Time: *10:00 AM*  
Analyst: *AS*

Accredited Analysis	Results	Rating	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	A	9/3/25	11:00 AM	SL SM 9222G
Total coliforms:	0/100mls	A	9/3/25	11:00 AM	SL SM 9222B
Standard plate count:	0/ml	A	9/2/25	4:50 PM	AS SM 9215B

Field Analysis	Results	Rating	Date/Time	Analyst	Method
pH:	7.6 SU	A	9/2/25	10:16 AM	MM DPD
Chlorine:	3.0 mg/l	A	9/2/25	10:16 AM	MM DPD
Turbidity:	1 NTU	A	9/2/25	10:16 AM	MM Visual

**Sample comments**

(When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor