



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

Lab ID No. 02-04041

S-11

Lab# 444

**Customer**

Facility Name: *Highpoint Fitness*  
Address: *1000 Higbee Dr.  
Bethel Park, PA 15102*  
Matrix: *Recreational Water*  
Source Type: *Therapy Pool*

**Sample Collection**

Date: *6/10/25*  
Time: *2:14 PM*  
Method: *Grab*

**Sample Final Analysis**

Date: *6/13/25*  
Time: *9:30 AM*  
Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	6/11/25	10:00 AM	AH
Total coliforms:	0/100mls	2/100mls	6/11/25	10:00 AM	AH
Standard plate count:	0/ml	200/ml	6/10/25	4:33 PM	SL

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
pH:	7.2 SU	7.2 - 7.8 SU	6/10/25	2:14 PM	CW
Chlorine:	2.0 mg/l	1.0 - 5.0 mg/l	6/10/25	2:14 PM	CW
Turbidity:	1 NTU	1 - 2 NTU	6/10/25	2:14 PM	CW

**Sample comments**

(When exceeding reporting limit pool or spa is unfit)

A handwritten signature in black ink that reads "Andre Smith".

Andre Smith, Lead Supervisor



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*Andre Smith*

Andre Smith, Lead Supervisor