



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

Lab ID No. 02-04041

PPS

Lab# 213

**Customer**

Facility Name: *Langley High School*

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

Matrix: *Recreational Water*

Source Type: *Pool Shallow*

**Sample Collection**

Date: *12/23/25*

Time: *12:51 PM*

Method: *Grab*

**Sample Final Analysis**

Date: *12/26/25*

Time: *12:00 PM*

Analyst: *AS*

Accredited Analysis	Results	Rating	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	A	12/24/25	11:30 AM	AS
Total coliforms:	0/100mls	A	12/24/25	11:30 AM	AS
Standard plate count:	0/ml	A	12/23/25	5:30 PM	AS

Field Analysis	Results	Rating	Date/Time	Analyst	Method
pH:	7.4 SU	A	12/23/25	12:51 PM	MM
Chlorine:	3.0 mg/l	A	12/23/25	12:51 PM	MM
Turbidity:	1 NTU	A	12/23/25	12:51 PM	Visual

**Sample comments**

Andre Smith, Lead Supervisor

( When exceeding reporting limit pool or spa is unfit)