



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

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

**Lab# 006**

**Customer**

Facility Name: *Allegheny Middle*

Address: *810 Arch St.  
Pittsburgh, PA 15212*

Matrix: *Recreational Water*

Source Type: *Pool Shallow*

**Sample Collection**

Date: *1/0/00*

Time: *12:00 AM*

Method: *Grab*

**Sample Final Analysis**

Date: *1/0/00*

Time: *12:00 AM*

Analyst: *1/0/00*

Accredited Analysis	Results	Reporting limit	Rating	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	A	1/0/00	12:00 AM	0 SM 9222G
Total coliforms:	0/100mls	2/100mls	A	1/0/00	12:00 AM	0 SM 9222B
Standard plate count:	0/ml	200/ml	A	1/0/00	12:00 AM	0 SM 9215B

Field Analysis	Results	Reporting limit	Rating	Date/Time	Analyst	Method
pH:	0.0 SU	7.2 - 7.8 SU	E	1/0/00	12:00 AM	0 DPD
Chlorine:	0.0 mg/l	1.0 - 5.0 mg/l	E	1/0/00	12:00 AM	0 DPD
Turbidity:	0 NTU	1 - 2 NTU	A	1/0/00	12:00 AM	0 Visual

**Sample comments**

Andre Smith, Lead Supervisor

*Andre Smith*

(When exceeding reporting limit pool or spa is unfit)



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