

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

Lab ID No. 02-04041

**C-10**

**Lab# 261**

**Customer**

Facility Name: *Rehabilitation Institute*

Address: *1405 Shady Ave.*  
*Pittsburgh, PA 15217*

Matrix: *Recreational Water*

Source Type: *Pool - Lg*

**Sample Collection**

Date: *5/27/25*

Time: *9:20 AM*

Method: *Grab*

**Sample Final Analysis**

Date: *5/30/25*

Time: *9:00 AM*

Analyst: *AS*

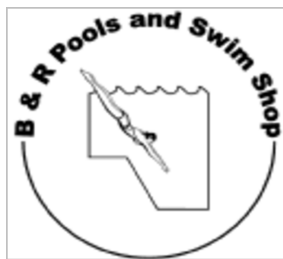
Accredited Analysis	Results	Reporting limit	Incubation Date/Time		Analyst	Method
Escherichia Coli:	Absent	Absent	5/28/25	9:45 AM	AH	SM 9222G
Total coliforms:	0/100mls	2/100mls	5/28/25	9:45 AM	AH	SM 9222B
Standard plate count:	0/ml	200/ml	5/27/25	4:20 PM	EB	SM 9215B

Field Analysis	Results	Reporting limit	Date/Time		Analyst	Method
pH:	7.4 SU	7.2 - 7.8 SU	5/27/25	9:20 AM	LM	DPD
Chlorine:	3.0 mg/l	1.0 - 5.0 mg/l	5/27/25	9:20 AM	LM	DPD
Turbidity:	1 NTU	1 - 2 NTU	5/27/25	9:20 AM	LM	Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

*Anaë Smith*



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