



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

Lab ID No. 02-04041  
**N-2**

**Lab# 088**

**Customer**

Facility Name: *Divine Providence*  
  
Address: *9000 Babcock Blvd*  
*Allison Park, PA 15101*

Matrix: *Recreational Water*  
  
Source Type: *Pool*

**Sample Collection**

Date: *1/13/26*  
Time: *9:15 AM*  
Method: *Grab*

**Sample Final Analysis**

Date: *1/16/26*  
Time: *10:30 AM*  
Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time		Analyst	Method
Escherichia Coli:	Absent	Absent	1/14/26	10:00 AM	JC	SM 9222G
Total coliforms:	0/100mls	2/100mls	1/14/26	10:00 AM	JC	SM 9222B
Standard plate count:	0/ml	200/ml	1/13/26	4:30 PM	AS	SM 9215B

Field Analysis	Results	Reporting limit	Date/Time		Analyst	Method
pH:	7.4 SU	7.2 - 7.8 SU	1/13/26	9:15 AM	VH	DPD
Chlorine:	3.0 mg/l	1.0 - 5.0 mg/l	1/13/26	9:15 AM	VH	DPD
Turbidity:	1 NTU	1 - 2 NTU	1/13/26	9:15 AM	VH	Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor