



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

Lab ID No. 02-04041

**W-12**

**Lab# 008**

**Customer**

Facility Name: *Allegheny Valley School*

Address: *315 W. Prospect Ave*  
*Pittsburgh, PA 15205*

Matrix: *Recreational Water*

Source Type: *Pool*

**Sample Collection**

Date: *7/30/25*

Time: *9:00 AM*

Method: *Grab*

**Sample Final Analysis**

Date: *8/1/25*

Time: *3:30 PM*

Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation	Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	7/30/25	2:40 PM	SL	SM 9222G
Total coliforms:	0/100mls	2/100mls	7/30/25	2:40 PM	SL	SM 9222B
Standard plate count:	0/ml	200/ml	7/30/25	3:00 PM	AH	SM 9215B

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method	
pH:	7.0 SU	7.2 - 7.8 SU	7/30/25	9:00 AM	VH	DPD
Chlorine:	5.0 mg/l	1.0 - 5.0 mg/l	7/30/25	9:00 AM	VH	DPD
Turbidity:	1 NTU	1 - 2 NTU	7/30/25	9:00 AM	VH	Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor



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