



**Dreams Pools and Spas**  
**1105 Washington Blvd**  
**Pittsburgh, Pennsylvania 15206** **PPS**  
**(412) 661-7665**  
**Laboratory Analysis Report Lab# 112**

Lab ID No. 02-04041

**Customer**

Facility Name: *Greenfield Elementary*

Address: *1 Alger St.  
Pittsburgh, PA 15207*

Matrix: *Recreational Water*

Source Type: *Shallow End*

**Sample Collection**

Date: *11/3/25*

Time: *11:23 AM*

Method: *Grab*

**Sample Final Analysis**

Date: *11/6/25*

Time: *11:00 AM*

Analyst: *AS*

<b>Accredited Analysis</b>	<b>Results</b>	<b>Rating</b>	<b>Incubation Date/Time</b>	<b>Analyst</b>	<b>Method</b>	
Escherichia Coli:	Absent	A	11/4/25	10:30 AM	JC	SM 9222G
Total coliforms:	0/100mls	A	11/4/25	10:30 AM	JC	SM 9222B
Standard plate count:	0/ml	A	11/3/25	5:30 PM	SL	SM 9215B

<b>Field Analysis</b>	<b>Results</b>	<b>Rating</b>	<b>Date/Time</b>	<b>Analyst</b>	<b>Method</b>	
pH:	7.4 SU	A	11/3/25	11:23 AM	MM	DPD
Chlorine:	4.0 mg/l	B	11/3/25	11:23 AM	MM	DPD
Turbidity:	1 NTU	A	11/3/25	11:23 AM	MM	Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

A handwritten signature in black ink that reads "Andre Smith".

Andre Smith, Lead Supervisor