



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

Lab ID No. 02-04041

**N-2**

**Lab# 014**

**Customer**

Facility Name: *Bairel Center*  
  
Address: *2565 Nicholson Rd.*  
*Sewickley, PA 15143*

Matrix: *Recreational Water*

Source Type: *Pool Shallow*

**Sample Collection**

Date: *9/3/25*  
Time: *10:30 AM*  
Method: *Grab*

**Sample Final Analysis**

Date: *9/6/25*  
Time: *2:00 PM*  
Analyst: *AS*

| Accredited Analysis   | Results  | Reporting limit | Incubation Date/Time |         | Analyst | Method   |
|-----------------------|----------|-----------------|----------------------|---------|---------|----------|
| Escherichia Coli:     | Absent   | Absent          | 9/4/25               | 9:15 AM | JC      | SM 9222G |
| Total coliforms:      | 0/100mls | 2/100mls        | 9/4/25               | 9:15 AM | JC      | SM 9222B |
| Standard plate count: | 0/ml     | 200/ml          | 9/3/25               | 3:10 PM | SL      | SM 9215B |

| Field Analysis | Results  | Reporting limit | Date/Time |          | Analyst | Method |
|----------------|----------|-----------------|-----------|----------|---------|--------|
| pH:            | 7.4 SU   | 7.2 - 7.8 SU    | 9/3/25    | 10:30 AM | VH      | DPD    |
| Chlorine:      | 3.0 mg/l | 1.0 - 5.0 mg/l  | 9/3/25    | 10:30 AM | VH      | DPD    |
| Turbidity:     | 1 NTU    | 1 - 2 NTU       | 9/3/25    | 10:30 AM | VH      | Visual |

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor