



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

Lab ID No. 02-04041

N-12

Lab# 013

**Customer**

Facility Name: *Bairel Center*  
Address: *2565 Nicholson Road  
Sewickley, PA 15143*  
Matrix: *Recreational Water*  
Source Type: *Deep End*

**Sample Collection**

Date: *7/30/25*  
Time: *2:28 PM*  
Method: *Grab*  
  
**Sample Final Analysis**  
Date: *8/1/25*  
Time: *3:30 PM*  
Analyst: *AS*

| <b>Accredited Analysis</b> | <b>Results</b> | <b>Reporting limit</b> | <b>Incubation Date/Time</b> | <b>Analyst</b> | <b>Method</b> |          |
|----------------------------|----------------|------------------------|-----------------------------|----------------|---------------|----------|
| Escherichia Coli:          | Absent         | Absent                 | 7/30/25                     | 4:55 PM        | SL            | SM 9222G |
| Total coliforms:           | 0/100mls       | 2/100mls               | 7/30/25                     | 4:55 PM        | SL            | SM 9222B |
| Standard plate count:      | 0/ml           | 200/ml                 | 7/30/25                     | 4:50 PM        | EB            | SM 9215B |

| <b>Field Analysis</b> | <b>Results</b> | <b>Reporting limit</b> | <b>Date/Time</b> | <b>Analyst</b> | <b>Method</b> |        |
|-----------------------|----------------|------------------------|------------------|----------------|---------------|--------|
| pH:                   | 7.4 SU         | 7.2 - 7.8 SU           | 7/30/25          | 2:28 PM        | MM            | DPD    |
| Chlorine:             | 3.0 mg/l       | 1.0 - 5.0 mg/l         | 7/30/25          | 2:28 PM        | MM            | DPD    |
| Turbidity:            | 1 NTU          | 1 - 2 NTU              | 7/30/25          | 2:28 PM        | MM            | Visual |

**Sample comments**

*Andre Smith*

(When exceeding reporting limit pool or spa is unfit)

---

Andre Smith, Lead Supervisor



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

Lab ID No. 02-04041

N-12

Lab# 013

**Customer**

Facility Name: *Bairel Center*  
Address: *2565 Nicholson Road  
Sewickley, PA 15143*  
Matrix: *Recreational Water*  
Source Type: *Deep End*

**Sample Collection**

Date: *7/30/25*  
Time: *2:28 PM*  
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              | 4:55 PM | SL     |
| Total coliforms:      | 0/100mls | 2/100mls        | 7/30/25              | 4:55 PM | SL     |
| Standard plate count: | 0/ml     | 200/ml          | 7/30/25              | 4:50 PM | EB     |

| Field Analysis | Results  | Reporting limit | Date/Time | Analyst | Method |
|----------------|----------|-----------------|-----------|---------|--------|
| pH:            | 7.4 SU   | 7.2 - 7.8 SU    | 7/30/25   | 2:28 PM | MM     |
| Chlorine:      | 3.0 mg/l | 1.0 - 5.0 mg/l  | 7/30/25   | 2:28 PM | MM     |
| Turbidity:     | 1 NTU    | 1 - 2 NTU       | 7/30/25   | 2:28 PM | MM     |

**Sample comments**

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

(When exceeding reporting limit pool or spa is unfit)

---

Andre Smith, Lead Supervisor