



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

Lab ID No. 02-04041

S-13

Lab# 021

Customer

Facility Name: *Bell Vernon Area S.D.*

Address: *425 Crest Avenue
Belle Vernon, PA 15012*

Matrix: *Recreational Water*

Source Type: *Pool*

Sample Collection

Date: *6/23/25*

Time: *9:40 AM*

Method: *Grab*

Sample Final Analysis

Date: *6/26/25*

Time: *9:00 AM*

Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method	
Escherichia Coli:	Absent	Absent	6/24/25	11:10 AM	AH	SM 9222G
Total coliforms:	0/100mls	2/100mls	6/24/25	11:10 AM	AH	SM 9222B
Standard plate count:	0/ml	200/ml	6/23/25	6:00 PM	EB	SM 9215B

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method	
pH:	7.8 SU	7.2 - 7.8 SU	6/23/25	9:40 AM	SH	DPD
Chlorine:	5.0 mg/l	1.0 - 5.0 mg/l	6/23/25	9:40 AM	SH	DPD
Turbidity:	1 NTU	1 - 2 NTU	6/23/25	9:40 AM	SH	Visual

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



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Sample comments

A handwritten signature in black ink that reads "Andre Smith". The signature is fluid and cursive, with "Andre" on the first line and "Smith" on the second line.

(When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor