



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

Lab ID No. 02-04041

W-10

Lab# 438

**Customer**

Facility Name: *Blackhawk H.S.*  
Address: *500 Blackhawk Rd.  
Beaver Falls, PA 15010*  
Matrix: *Recreational Water*  
Source Type: *Pool*

**Sample Collection**

Date: *8/4/25*  
Time: *5:06 PM*  
Method: *Grab*

**Sample Final Analysis**

Date: *8/7/25*  
Time: *11:20 AM*  
Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	8/5/25	1:15 PM	AH
Total coliforms:	0/100mls	2/100mls	8/5/25	1:15 PM	AH
Standard plate count:	0/ml	200/ml	8/4/25	7:20 PM	AS

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
pH:	7.2 SU	7.2 - 7.8 SU	8/4/25	5:06 PM	AH
Chlorine:	5.0 mg/l	1.0 - 5.0 mg/l	8/4/25	5:06 PM	AH
Turbidity:	1 NTU	1 - 2 NTU	8/4/25	5:06 PM	AH

**Sample comments**

(When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor



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