



**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  
Bell Vernon, PA 15012*

Matrix: *Recreational Water*

Source Type: *Pool*

**Sample Collection**

Date: *6/9/25*

Time: *9:20 AM*

Method: *Grab*

**Sample Final Analysis**

Date: *6/12/25*

Time: *9:30 AM*

Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method	
Escherichia Coli:	Absent	Absent	6/10/25	11:15 AM	AH	SM 9222G
Total coliforms:	0/100mls	2/100mls	6/10/25	11:15 AM	AH	SM 9222B
Standard plate count:	0/ml	200/ml	6/9/25	6:20 PM	SL	SM 9215B

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method	
pH:	8.0 SU	7.2 - 7.8 SU	6/9/25	9:20 AM	SH	DPD
Chlorine:	3.0 mg/l	1.0 - 5.0 mg/l	6/9/25	9:20 AM	SH	DPD
Turbidity:	1 NTU	1 - 2 NTU	6/9/25	9:20 AM	SH	Visual

**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



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