



**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: *5/27/25*
Time: *9:55 AM*
Method: *Grab*

Sample Final Analysis

Date: *5/30/25*
Time: *9:00 AM*
Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	5/28/25	11:00 AM	EB
Total coliforms:	0/100mls	2/100mls	5/28/25	11:00 AM	EB
Standard plate count:	0/ml	200/ml	5/27/25	7:00 PM	AS

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
pH:	8.0 SU	7.2 - 7.8 SU	5/27/25	9:55 AM	SH
Chlorine:	5.0 mg/l	1.0 - 5.0 mg/l	5/27/25	9:55 AM	SH
Turbidity:	1 NTU	1 - 2 NTU	5/27/25	9:55 AM	Visual

Sample comments

Andre Smith

(When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor



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