



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

Lab ID No. 02-04041

N-12

Lab# 014

**Customer**

Facility Name: *Bairel Center*

Address: *2565 Nicholson Road  
Sewickley, PA 15143*

Matrix: *Recreational Water*

Source Type: *Shallow End*

**Sample Collection**

Date: *8/5/25*

Time: *3:01 PM*

Method: *Grab*

**Sample Final Analysis**

Date: *8/8/25*

Time: *8:30 AM*

Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	8/6/25	2:40 PM	AH
Total coliforms:	0/100mls	2/100mls	8/6/25	2:40 PM	AH
Standard plate count:	0/ml	200/ml	8/5/25	6:45 PM	AS

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
pH:	7.6 SU	7.2 - 7.8 SU	8/5/25	3:01 PM	MM
Chlorine:	3.0 mg/l	1.0 - 5.0 mg/l	8/5/25	3:01 PM	MM
Turbidity:	1 NTU	1 - 2 NTU	8/5/25	3:01 PM	MM

**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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