



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

Lab ID No. 02-04041

**W-1**

**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: *11/24/25*  
Time: *2:42 PM*  
Method: *Grab*

**Sample Final Analysis**

Date: *11/27/25*  
Time: *12:30 PM*  
Analyst: *AS*

<b>Accredited Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Incubation Date/Time</b>	<b>Analyst</b>	<b>Method</b>
Escherichia Coli:	Absent	Absent	11/25/25	12:00 PM	AS
Total coliforms:	0/100mls	2/100mls	11/25/25	12:00 PM	AS
Standard plate count:	0/ml	200/ml	11/24/25	5:40 PM	AS

<b>Field Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Date/Time</b>	<b>Analyst</b>	<b>Method</b>
pH:	7.6 SU	7.2 - 7.8 SU	11/24/25	2:42 PM	SL
Chlorine:	3.0 mg/l	1.0 - 5.0 mg/l	11/24/25	2:42 PM	SL
Turbidity:	1 NTU	1 - 2 NTU	11/24/25	2:42 PM	SL

**Sample comments**

*Andre Smith*

Andre Smith, Lead Supervisor

( When exceeding reporting limit pool or spa is unfit)