



**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: *6/17/25*  
Time: *2:54 PM*  
Method: *Grab*

**Sample Final Analysis**

Date: *6/20/25*  
Time: *9:00 AM*  
Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	6/18/25	10:30 AM	AH
Total coliforms:	0/100mls	2/100mls	6/18/25	10:30 AM	AH
Standard plate count:	0/ml	200/ml	6/17/25	5:00 PM	EB

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
pH:	7.4 SU	7.2 - 7.8 SU	6/17/25	2:54 PM	MM
Chlorine:	3.0 mg/l	1.0 - 5.0 mg/l	6/17/25	2:54 PM	MM
Turbidity:	1 NTU	1 - 2 NTU	6/17/25	2:54 PM	MM

**Sample comments**

*Andre Smith*

( When exceeding reporting limit pool or spa is unfit)

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Andre Smith, Lead Supervisor



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