



**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: *10/27/25*  
Time: *2:33 PM*  
Method: *Grab*

**Sample Final Analysis**

Date: *10/30/25*  
Time: *10:00 AM*  
Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time		Analyst	Method
Escherichia Coli:	Absent	Absent	10/28/25	9:30 AM	JC	SM 9222G
Total coliforms:	0/100mls	2/100mls	10/28/25	9:30 AM	JC	SM 9222B
Standard plate count:	0/ml	200/ml	10/27/25	5:15 PM	AS	SM 9215B

Field Analysis	Results	Reporting limit	Date/Time		Analyst	Method
pH:	7.0 SU	7.2 - 7.8 SU	10/27/25	2:33 PM	AMH	DPD
Chlorine:	5.0 mg/l	1.0 - 5.0 mg/l	10/27/25	2:33 PM	AMH	DPD
Turbidity:	1 NTU	1 - 2 NTU	10/27/25	2:33 PM	AMH	Visual

**Sample comments**

*Andre Smith*

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor