



**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: *7/1/25*  
Time: *8:17 AM*  
Method: *Grab*

**Sample Final Analysis**

Date: *7/4/25*  
Time: *9:30 AM*  
Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	7/2/25	10:40 AM	EB
Total coliforms:	0/100mls	2/100mls	7/2/25	10:40 AM	EB
Standard plate count:	0/ml	200/ml	7/1/25	5:37 PM	SL

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
pH:	7.6 SU	7.2 - 7.8 SU	7/1/25	8:17 AM	MM
Chlorine:	3.0 mg/l	1.0 - 5.0 mg/l	7/1/25	8:17 AM	MM
Turbidity:	1 NTU	1 - 2 NTU	7/1/25	8:17 AM	Visual

**Sample comments**

A handwritten signature in black ink that reads "Andre Smith".

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor



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