



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

Lab ID No. 02-04041

N-12

Lab# 2025

**Customer**

Facility Name: *Bairel Center*

Address: *2565 Nicholson Road  
Sewickley, PA 15143*

Matrix: *Recreational Water*

Source Type: *Pool*

**Sample Collection**

Date: *7/15/25*

Time: *3:19 PM*

Method: *Grab*

**Sample Final Analysis**

Date: *7/18/25*

Time: *9:30 AM*

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	7/16/25	11:20 AM	EB	SM 9222G
Total coliforms:	0/100mls	2/100mls	7/16/25	11:20 AM	EB	SM 9222B
Standard plate count:	0/ml	200/ml	7/15/25	5:20 PM	SL	SM 9215B

<b>Field Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Date/Time</b>	<b>Analyst</b>	<b>Method</b>	
pH:	7.4 SU	7.2 - 7.8 SU	7/15/25	3:19 PM	MM	DPD
Chlorine:	3.0 mg/l	1.0 - 5.0 mg/l	7/15/25	3:19 PM	MM	DPD
Turbidity:	1 NTU	1 - 2 NTU	7/15/25	3:19 PM	MM	Visual

**Sample comments**

(When exceeding reporting limit pool or spa is unfit)

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

Andre Smith, Lead Supervisor



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