



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

Lab ID No. 02-04041

E-3

Lab# 473

**Customer**

Facility Name: *Summit Athletic Club*

Address: *2900 Plank Rd.  
Altoona, PA 16601*

Matrix: *Recreational Water*

Source Type: *Pool*

**Sample Collection**

Date: *10/6/25*

Time: *2:00 PM*

Method: *Grab*

**Sample Final Analysis**

Date: *10/9/25*

Time: *11:00 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>
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Escherichia Coli:	Absent	Absent	10/7/25	10:20 AM	AS	SM 9222G
Total coliforms:	0/100mls	2/100mls	10/7/25	10:20 AM	AS	SM 9222B
Standard plate count:	0/ml	200/ml	10/6/25	5:30 PM	AS	SM 9215B

<b>Field Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Date/Time</b>	<b>Analyst</b>	<b>Method</b>	
pH:	7.8 SU	7.2 - 7.8 SU	10/6/25	2:00 PM	DNP	DPD
Chlorine:	1.0 mg/l	1.0 - 5.0 mg/l	10/6/25	2:00 PM	DNP	DPD
Turbidity:	1 NTU	1 - 2 NTU	10/6/25	2:00 PM	DNP	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