



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

Lab ID No. 02-04041

N-3

Lab# 298

**Customer**

Facility Name: *Town Place Suites*

Address: *2785 Freeport Rd  
Harmar, PA 15238*

Matrix: *Recreational Water*

Source Type: *Pool*

**Sample Collection**

Date: *11/11/25*

Time: *7:00 AM*

Method: *Grab*

**Sample Final Analysis**

Date: *11/14/25*

Time: *10:30 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	11/12/25	10:00 AM	JC	SM 9222G
Total coliforms:	0/100mls	2/100mls	11/12/25	10:00 AM	JC	SM 9222B
Standard plate count:	120/ml	200/ml	11/11/25	5:30 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:	7.6 SU	7.2 - 7.8 SU	11/11/25	7:00 AM	AMH	DPD
Chlorine:	0.0 mg/l	1.0 - 5.0 mg/l	11/11/25	7:00 AM	AMH	DPD
Turbidity:	1 NTU	1 - 2 NTU	11/11/25	7:00 AM	AMH	Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor