



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

Lab ID No. 02-04041

N-17

Lab# 453

**Customer**

Facility Name: *Fairfield Inn Butler*

Address: *200 Fairfield Ln  
Butler, PA 16001*

Matrix: *Recreational Water*

Source Type: *Pool*

**Sample Collection**

Date: *8/25/25*

Time: *1:15 PM*

Method: *Grab*

**Sample Final Analysis**

Date: *8/28/25*

Time: *9:00 AM*

Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	8/26/25	10:40 AM	AS
Total coliforms:	0/100mls	2/100mls	8/26/25	10:40 AM	AS
Standard plate count:	0/ml	200/ml	8/25/25	5:30 PM	AS

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
pH:	7.6 SU	7.2 - 7.8 SU	8/25/25	1:15 PM	BH
Chlorine:	2.0 mg/l	1.0 - 5.0 mg/l	8/25/25	1:15 PM	BH
Turbidity:	1 NTU	1 - 2 NTU	8/25/25	1:15 PM	BH

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor