



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

Lab ID No. 02-04041

S-16

Lab# 160

Customer

Facility Name: *Holiday Inn Express*
Address: *810 Highland Meadow Dr.*
Washington, PA 15301

Sample Collection

Date: *6/3/25*
Time: *1:20 PM*
Method: *Grab*

Matrix: *Recreational Water*

Source Type: *Spa*

Sample Final Analysis

Date: *6/6/25*
Time: *9:30 AM*
Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
----------------------------	----------------	------------------------	-----------------------------	----------------	---------------

Escherichia Coli:	Absent	Absent	6/4/25	11:30 AM	EB	SM 9222G
-------------------	--------	--------	--------	----------	----	----------

Total coliforms:	0/100mls	2/100mls	6/4/25	11:30 AM	EB	SM 9222B
------------------	----------	----------	--------	----------	----	----------

Standard plate count:	0/ml	200/ml	6/3/25	5:45 PM	SL	SM 9215B
-----------------------	------	--------	--------	---------	----	----------

Additional Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
----------------------------	----------------	------------------------	-----------------------------	----------------	---------------

Fecal Streptococcus	0/100mls	2/100mls	6/4/25	12:00 PM	AH	SM 9230C
---------------------	----------	----------	--------	----------	----	----------

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
-----------------------	----------------	------------------------	------------------	----------------	---------------

pH:	7.4 SU	7.2 - 7.8 SU	6/3/25	1:20 PM	GR	DPD
-----	--------	--------------	--------	---------	----	-----

Chlorine:	7.5 mg/l	1.0 - 5.0 mg/l	6/3/25	1:20 PM	GR	DPD
-----------	----------	----------------	--------	---------	----	-----

Turbidity:	1 NTU	1 - 2 NTU	6/3/25	1:20 PM	GR	Visual
------------	-------	-----------	--------	---------	----	--------

Sample comments

Andre Smith

(When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor



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

Lab ID No. 02-04041

S-16

Lab# 160

Customer

Facility Name: *Holiday Inn Express*
Address: *810 Highland Meadow Dr.*
Washington, PA 15301

Sample Collection

Date: *6/3/25*
Time: *1:20 PM*
Method: *Grab*

Matrix: *Recreational Water*

Source Type: *Spa*

Sample Final Analysis

Date: *6/6/25*
Time: *9:30 AM*
Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	6/4/25 11:30 AM	EB	SM 9222G
Total coliforms:	0/100mls	2/100mls	6/4/25 11:30 AM	EB	SM 9222B
Standard plate count:	0/ml	200/ml	6/3/25 5:45 PM	SL	SM 9215B
Additional Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
Fecal Streptococcus	0/100mls	2/100mls	6/4/25 12:00 PM	AH	SM 9230C
Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
pH:	7.4 SU	7.2 - 7.8 SU	6/3/25 1:20 PM	GR	DPD
Chlorine:	7.5 mg/l	1.0 - 5.0 mg/l	6/3/25 1:20 PM	GR	DPD
Turbidity:	1 NTU	1 - 2 NTU	6/3/25 1:20 PM	GR	Visual

Sample comments

Andre Smith

(When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor