



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

Lab ID No. 02-04041

E-14

Lab# 470

**Customer**

Facility Name: *Hampton Inn*  
Address: *62 Pine Ridge Rd.  
Blairsville, PA 15717*  
Matrix: *Recreational Water*  
Source Type: *Pool*

**Sample Collection**

Date: *8/18/25*  
Time: *11:00 AM*  
Method: *Grab*

**Sample Final Analysis**

Date: *8/21/25*  
Time: *9:00 AM*  
Analyst: *AS*

| Accredited Analysis   | Results  | Reporting limit | Incubation Date/Time | Analyst  | Method      |
|-----------------------|----------|-----------------|----------------------|----------|-------------|
| Escherichia Coli:     | Absent   | Absent          | 8/19/25              | 10:30 AM | SL SM 9222G |
| Total coliforms:      | 0/100mls | 2/100mls        | 8/19/25              | 10:30 AM | SL SM 9222B |
| Standard plate count: | 0/ml     | 200/ml          | 8/18/25              | 5:45 PM  | SL SM 9215B |

| Field Analysis | Results  | Reporting limit | Date/Time | Analyst  | Method    |
|----------------|----------|-----------------|-----------|----------|-----------|
| pH:            | 7.6 SU   | 7.2 - 7.8 SU    | 8/18/25   | 11:00 AM | DP DPD    |
| Chlorine:      | 7.5 mg/l | 1.0 - 5.0 mg/l  | 8/18/25   | 11:00 AM | DP DPD    |
| Turbidity:     | 1 NTU    | 1 - 2 NTU       | 8/18/25   | 11:00 AM | DP Visual |

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

A handwritten signature in black ink that reads "Andrea Smith". The signature is fluid and cursive, with "Andrea" on the top line and "Smith" on the bottom line.