



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

Lab ID No. 02-04041

S-3

Lab# 063

**Customer**

Facility Name: *Comfort Inn*  
Address: *237 Meadowlands Blvd.  
Washington, PA 15301*  
Matrix: *Recreational Water*  
Source Type: *Pool*

**Sample Collection**

Date: *1/20/26*  
Time: *10:10 AM*  
Method: *Grab*

**Sample Final Analysis**

Date: *1/23/26*  
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	1/21/26	10:00 AM	JC	SM 9222G
Total coliforms:	0/100mls	2/100mls	1/21/26	10:00 AM	JC	SM 9222B
Standard plate count:	0/ml	200/ml	1/20/26	4:27 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:	7.8 SU	7.2 - 7.8 SU	1/20/26	10:10 AM	GR	DPD
Chlorine:	3.0 mg/l	1.0 - 5.0 mg/l	1/20/26	10:10 AM	GR	DPD
Turbidity:	1 NTU	1 - 2 NTU	1/20/26	10:10 AM	GR	Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

*Andrea Smith*

Andrea Smith, Lead Supervisor