



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

Lab ID No. 02-04041

S-3

Lab# 125

**Customer**

Facility Name: *Hampton Inn*  
Address: *475 Johnson Rd.  
Washington, PA 15301*  
Matrix: *Recreational Water*  
Source Type: *Spa*

**Sample Collection**

Date: *9/15/25*  
Time: *10:15 AM*  
Method: *Grab*

**Sample Final Analysis**

Date: *9/18/25*  
Time: *9:00 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	9/16/25 9:00 AM	JC	SM 9222G
Total coliforms:	0/100mls	2/100mls	9/16/25 9:00 AM	JC	SM 9222B
Standard plate count:	0/ml	200/ml	9/15/25 3:30 PM	AS	SM 9215B

<b>Additional Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Incubation Date/Time</b>	<b>Analyst</b>	<b>Method</b>
Fecal Streptococcus	0/100mls	2/100mls	9/16/25 10:20 AM	JC	SM 9230C

<b>Field Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Date/Time</b>	<b>Analyst</b>	<b>Method</b>
pH:	7.4 SU	7.2 - 7.8 SU	9/15/25 10:15 AM	GR	DPD
Chlorine:	2.0 mg/l	1.0 - 5.0 mg/l	9/15/25 10:15 AM	GR	DPD
Turbidity:	1 NTU	1 - 2 NTU	9/15/25 10:15 AM	GR	Visual

**Sample comments**

*Andre Smith*

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor