



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

Lab ID No. 02-04041

S-16

Lab# 124

**Customer**

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

**Sample Collection**

Date: *8/5/25*  
Time: *11:27 AM*  
Method: *Grab*

**Sample Final Analysis**

Date: *8/8/25*  
Time: *8:30 AM*  
Analyst: *AS*

| Accredited Analysis   | Results  | Reporting limit | Incubation Date/Time | Analyst  | Method |
|-----------------------|----------|-----------------|----------------------|----------|--------|
| Escherichia Coli:     | Absent   | Absent          | 8/6/25               | 10:15 AM | AH     |
| Total coliforms:      | 2/100mls | 2/100mls        | 8/6/25               | 10:15 AM | AH     |
| Standard plate count: | 5700/ml  | 200/ml          | 8/5/25               | 5:00 PM  | AS     |

| Field Analysis | Results  | Reporting limit | Date/Time | Analyst  | Method |
|----------------|----------|-----------------|-----------|----------|--------|
| pH:            | 7.2 SU   | 7.2 - 7.8 SU    | 8/5/25    | 11:27 AM | GR     |
| Chlorine:      | 0.0 mg/l | 1.0 - 5.0 mg/l  | 8/5/25    | 11:27 AM | GR     |
| Turbidity:     | 1 NTU    | 1 - 2 NTU       | 8/5/25    | 11:27 AM | GR     |

**Sample comments**

(When exceeding reporting limit pool or spa is unfit)

A handwritten signature in black ink that reads "Andre Smith".

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Andre Smith, Lead Supervisor



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Andre Smith, Lead Supervisor