



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

Lab ID No. 02-04041

N-17

Lab# 390

**Customer**

Facility Name: *Fairfield Inn & Suites*  
Address: *1000 University Parkway  
Slippery Rock, PA 16057*

Matrix: *Recreational Water*  
Source Type: *Spa*

**Sample Collection**

Date: *6/9/25*  
Time: *2:35 PM*  
Method: *Grab*

**Sample Final Analysis**

Date: *6/12/25*  
Time: *9:30 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	6/10/25	10:35 AM	EB	SM 9222G
Total coliforms:	0/100mls	2/100mls	6/10/25	10:35 AM	EB	SM 9222B
Standard plate count:	0/ml	200/ml	6/9/25	5:40 PM	EB	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	6/10/25	11:55 AM	AH	SM 9230C

<b>Field Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Date/Time</b>	<b>Analyst</b>	<b>Method</b>	
pH:	7.2 SU	7.2 - 7.8 SU	6/9/25	2:35 PM	BH	DPD
Chlorine:	2.0 mg/l	1.0 - 5.0 mg/l	6/9/25	2:35 PM	BH	DPD
Turbidity:	1 NTU	1 - 2 NTU	6/9/25	2:35 PM	BH	Visual

**Sample comments**

(When exceeding reporting limit pool or spa is unfit)

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

Andre Smith, Lead Supervisor



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