



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

Lab ID No. 02-04041

N-2

Lab# 115

**Customer**

Facility Name: *Hampton Inn*  
Address: *2622 Wexford-Bayne Rd.  
Wexford, PA 15090*  
Matrix: *Recreational Water*  
Source Type: *Pool*

**Sample Collection**

Date: *11/25/25*  
Time: *10:45 AM*  
Method: *Grab*

**Sample Final Analysis**

Date: *11/28/25*  
Time: *10:30 AM*  
Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	11/26/25	10:00 AM	JC
Total coliforms:	0/100mls	2/100mls	11/26/25	10:00 AM	JC
Standard plate count:	0/ml	200/ml	11/25/25	4:45 PM	AS

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
pH:	7.6 SU	7.2 - 7.8 SU	11/25/25	10:45 AM	VH
Chlorine:	5.0 mg/l	1.0 - 5.0 mg/l	11/25/25	10:45 AM	VH
Turbidity:	1 NTU	1 - 2 NTU	11/25/25	10:45 AM	Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor