



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

Lab ID No. 02-04041

S-16

Lab# 125

**Customer**

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

**Sample Collection**

Date: *6/17/25*  
Time: *12:26 PM*  
Method: *Grab*

**Sample Final Analysis**

Date: *6/20/25*  
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	6/18/25	10:00 AM	EB	SM 9222G
Total coliforms:	0/100mls	2/100mls	6/18/25	10:00 AM	EB	SM 9222B
Standard plate count:	0/ml	200/ml	6/17/25	4:30 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	6/18/25	11:30 AM	EB	SM 9230C

<b>Field Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Date/Time</b>	<b>Analyst</b>	<b>Method</b>	
pH:	7.6 SU	7.2 - 7.8 SU	6/17/25	12:26 PM	GR	DPD
Chlorine:	7.5 mg/l	1.0 - 5.0 mg/l	6/17/25	12:26 PM	GR	DPD
Turbidity:	1 NTU	1 - 2 NTU	6/17/25	12:26 PM	GR	Visual

**Sample comments**

A handwritten signature in black ink that reads "Andre Smith". The signature is fluid and cursive, with "Andre" on the first line and "Smith" on the second line.

(When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor



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