



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

Lab ID No. 02-04041

W-13

Lab# 066

**Customer**

Facility Name: *Comfort Suite*  
Address: *750 Aten Rd.  
Coraopolis, PA 15108*  
Matrix: *Recreational Water*  
Source Type: *Pool*

**Sample Collection**

Date: *6/10/25*  
Time: *11:11 AM*  
Method: *Grab*

**Sample Final Analysis**

Date: *6/13/25*  
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	6/11/25	10:30 AM	AH	SM 9222G
Total coliforms:	0/100mls	2/100mls	6/11/25	10:30 AM	AH	SM 9222B
Standard plate count:	0/ml	200/ml	6/10/25	4:33 PM	AH	SM 9215B

<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	6/10/25	11:11 AM	AH	DPD
Chlorine:	2.0 mg/l	1.0 - 5.0 mg/l	6/10/25	11:11 AM	AH	DPD
Turbidity:	1 NTU	1 - 2 NTU	6/10/25	11:11 AM	AH	Visual

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor



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