



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

Lab ID No. 02-04041

**C-2**

**Lab# 279**

**Customer**

Facility Name: *Sheraton Inn*  
Address: *300 W Station Sq. Dr.*  
*Pittsburgh, PA 15219*

**Sample Collection**

Date: *12/9/25*  
Time: *1:50 PM*  
Method: *Grab*

Matrix: *Recreational Water*  
Source Type: *Pool*

**Sample Final Analysis**

Date: *12/12/25*  
Time: *9:30 AM*  
Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time		Analyst	Method
Escherichia Coli:	Absent	Absent	12/10/25	9:00 AM	SL	SM 9222G
Total coliforms:	0/100mls	2/100mls	12/10/25	9:00 AM	SL	SM 9222B
Standard plate count:	0/ml	200/ml	12/9/25	5:00 PM	AS	SM 9215B

Field Analysis	Results	Reporting limit	Date/Time		Analyst	Method
pH:	7.0 SU	7.2 - 7.8 SU	12/9/25	1:50 PM	BH	DPD
Chlorine:	3.0 mg/l	1.0 - 5.0 mg/l	12/9/25	1:50 PM	BH	DPD
Turbidity:	1 NTU	1 - 2 NTU	12/9/25	1:50 PM	BH	Visual

**Sample comments**

Andre Smith, Lead Supervisor

( When exceeding reporting limit pool or spa is unfit)