



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

Lab ID No. 02-04041

E-1

Lab# 263

**Customer**

Facility Name: *Residence Inn*  
Address: *3455 William Penn Hwy  
Pittsburgh, PA 15235*

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

**Sample Collection**

Date: *10/7/25*  
Time: *10:15 AM*  
Method: *Grab*

**Sample Final Analysis**

Date: *10/10/25*  
Time: *10:00 AM*  
Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
Escherichia Coli:	Absent	Absent	10/8/25	9:30 AM	JC
Total coliforms:	0/100mls	2/100mls	10/8/25	9:30 AM	JC
Standard plate count:	0/ml	200/ml	10/7/25	4:10 PM	AS

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
pH:	7.4 SU	7.2 - 7.8 SU	10/7/25	10:15 AM	SH
Chlorine:	3.0 mg/l	1.0 - 5.0 mg/l	10/7/25	10:15 AM	SH
Turbidity:	1 NTU	1 - 2 NTU	10/7/25	10:15 AM	SH

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

*Andre Smith*

Andre Smith, Lead Supervisor