



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

Lab ID No. 02-04041

S-13

Lab# 133

**Customer**

Facility Name: *Hampton Inn Uniontown*

Address: *698 West Main Street  
Uniontown, Pa 15401*

Matrix: *Recreational Water*

Source Type: *Spa*

**Sample Collection**

Date: *8/18/25*

Time: *1:20 PM*

Method: *Grab*

**Sample Final Analysis**

Date: *8/21/25*

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	8/19/25	10:00 AM	SL	SM 9222G
Total coliforms:	0/100mls	2/100mls	8/19/25	10:00 AM	SL	SM 9222B
Standard plate count:	0/ml	200/ml	8/18/25	5:45 PM	SL	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	8/19/25	11:00 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	8/18/25	1:20 PM	SH	DPD
Chlorine:	5.0 mg/l	1.0 - 5.0 mg/l	8/18/25	1:20 PM	SH	DPD
Turbidity:	1 NTU	1 - 2 NTU	8/18/25	1:20 PM	SH	Visual

**Sample comments**

A handwritten signature in black ink that reads "Andre Smith".

( When exceeding reporting limit pool or spa is unfit)

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Andre Smith, Lead Supervisor