



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

Lab ID No. 02-04041

W-2

Lab# 066

## Laboratory Analysis Report

### Customer

Facility Name: *Comfort Suite*  
Address: *750 Aten Rd.  
Coraopolis, PA 15108*

### Sample Collection

Date: *1/20/26*  
Time: *9:00 AM*  
Method: *Grab*

### Sample Final Analysis

Date: *1/23/26*  
Time: *10:30 AM*  
Analyst: *AS*

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

| Accredited Analysis   | Results  | Reporting limit | Incubation Date/Time | Analyst  | Method |
|-----------------------|----------|-----------------|----------------------|----------|--------|
| Escherichia Coli:     | Absent   | Absent          | 1/21/26              | 10:00 AM | JC     |
| Total coliforms:      | 0/100mls | 2/100mls        | 1/21/26              | 10:00 AM | JC     |
| Standard plate count: | 0/ml     | 200/ml          | 1/20/26              | 4:27 PM  | SL     |

| Field Analysis | Results  | Reporting limit | Date/Time | Analyst | Method |
|----------------|----------|-----------------|-----------|---------|--------|
| pH:            | 8.0 SU   | 7.2 - 7.8 SU    | 1/20/26   | 9:00 AM | VH     |
| Chlorine:      | 5.0 mg/l | 1.0 - 5.0 mg/l  | 1/20/26   | 9:00 AM | VH     |
| Turbidity:     | 1 NTU    | 1 - 2 NTU       | 1/20/26   | 9:00 AM | Visual |

### Sample comments

( When exceeding reporting limit pool or spa is unfit)

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

Andre Smith, Lead Supervisor