



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

Lab ID No. 02-04041

**N-17**

**Lab# 355**

**Customer**

**Facility Name:** YMCA - Butler  
**Address:** 339 North Washington St.  
Butler, PA 16001

**Matrix:** Recreational Water

**Source Type:** Spa

**Sample Collection**

**Date:** 6/16/25  
**Time:** 12:15 PM  
**Method:** Grab

**Sample Final Analysis**

**Date:** 6/19/25  
**Time:** 10:00 AM  
**Analyst:** AS

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
---------------------	---------	-----------------	----------------------	---------	--------

Escherichia Coli:	Absent	Absent	6/17/25 11:15 AM	EB	SM 9222G
Total coliforms:	0/100mls	2/100mls	6/17/25 11:15 AM	EB	SM 9222B
Standard plate count:	0/ml	200/ml	6/16/25 5:45 PM	EB	SM 9215B

Additional Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
---------------------	---------	-----------------	----------------------	---------	--------

Fecal Streptococcus	0/100mls	2/100mls	6/17/25 12:30 PM	AH	SM 9230C
---------------------	----------	----------	------------------	----	----------

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
----------------	---------	-----------------	-----------	---------	--------

pH:	7.4 SU	7.2 - 7.8 SU	6/16/25 12:15 PM	BH	DPD
Chlorine:	2.0 mg/l	1.0 - 5.0 mg/l	6/16/25 12:15 PM	BH	DPD
Turbidity:	1 NTU	1 - 2 NTU	6/16/25 12:15 PM	BH	Visual

**Sample comments**

*Andre Smith*

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor



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

Lab ID No. 02-04041

**N-17**

**Lab# 355**

**Customer**

**Facility Name:** YMCA - Butler  
**Address:** 339 North Washington St.  
Butler, PA 16001

**Matrix:** Recreational Water

**Source Type:** Spa

**Sample Collection**

**Date:** 6/16/25  
**Time:** 12:15 PM  
**Method:** Grab

**Sample Final Analysis**

**Date:** 6/19/25  
**Time:** 10:00 AM  
**Analyst:** AS

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
---------------------	---------	-----------------	----------------------	---------	--------

Escherichia Coli:	Absent	Absent	6/17/25 11:15 AM	EB	SM 9222G
Total coliforms:	0/100mls	2/100mls	6/17/25 11:15 AM	EB	SM 9222B
Standard plate count:	0/ml	200/ml	6/16/25 5:45 PM	EB	SM 9215B

Additional Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method
---------------------	---------	-----------------	----------------------	---------	--------

Fecal Streptococcus	0/100mls	2/100mls	6/17/25 12:30 PM	AH	SM 9230C
---------------------	----------	----------	------------------	----	----------

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method
----------------	---------	-----------------	-----------	---------	--------

pH:	7.4 SU	7.2 - 7.8 SU	6/16/25 12:15 PM	BH	DPD
Chlorine:	2.0 mg/l	1.0 - 5.0 mg/l	6/16/25 12:15 PM	BH	DPD
Turbidity:	1 NTU	1 - 2 NTU	6/16/25 12:15 PM	BH	Visual

**Sample comments**

*Andre Smith*

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor