



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

Lab ID No. 02-04041

N-3

Lab# 298

**Customer**

Facility Name: *Town Place Suites*

Address: *2785 Freeport Rd  
Harmar, PA 15238*

Matrix: *Recreational Water*

Source Type: *Pool*

**Sample Collection**

Date: *11/19/25*

Time: *9:48 AM*

Method: *Grab*

**Sample Final Analysis**

Date: *11/21/25*

Time: *4:30 PM*

Analyst: *AS*

Accredited Analysis	Results	Reporting limit	Incubation Date/Time	Analyst	Method	
Escherichia Coli:	Absent	Absent	11/19/25	5:55 PM	SL	SM 9222G
Total coliforms:	0/100mls	2/100mls	11/19/25	5:55 PM	SL	SM 9222B
Standard plate count:	0/ml	200/ml	11/19/25	5:40 PM	AS	SM 9215B

Field Analysis	Results	Reporting limit	Date/Time	Analyst	Method	
pH:	7.6 SU	7.2 - 7.8 SU	11/19/25	9:48 AM	SL	DPD
Chlorine:	3.0 mg/l	1.0 - 5.0 mg/l	11/19/25	9:48 AM	SL	DPD
Turbidity:	1 NTU	1 - 2 NTU	11/19/25	9:48 AM	SL	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