



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

Lab ID No. 02-04041

S-16

Lab# 125

**Customer**

Facility Name: *Hampton Inn*  
Address: *475 Johnson Rd.  
Washington, PA 15301*  
Matrix: *Recreational Water*  
Source Type: *Spa*

**Sample Collection**

Date: *6/11/25*  
Time: *3:18 PM*  
Method: *Grab*

**Sample Final Analysis**

Date: *6/13/25*  
Time: *3:00 PM*  
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	6/11/25	5:30 PM	SL	SM 9222G
Total coliforms:	0/100mls	2/100mls	6/11/25	5:30 PM	SL	SM 9222B
Standard plate count:	0/ml	200/ml	6/11/25	5:30 PM	AS	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	6/11/25	5:00 PM	SL	SM 9230C

<b>Field Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Date/Time</b>	<b>Analyst</b>	<b>Method</b>	
pH:	7.2 SU	7.2 - 7.8 SU	6/11/25	3:18 PM	SL	DPD
Chlorine:	3.0 mg/l	1.0 - 5.0 mg/l	6/11/25	3:18 PM	SL	DPD
Turbidity:	1 NTU	1 - 2 NTU	6/11/25	3:18 PM	SL	Visual

**Sample comments**

*Andre Smith*

(When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor



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