



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

Lab ID No. 02-04041

S-3

Lab# 156

**Customer**

Facility Name: *Holiday Inn*  
Address: *3053 Washington Pike  
Bridgeville, PA 15017*  
Matrix: *Recreational Water*  
Source Type: *Pool*

**Sample Collection**

Date: *12/22/25*  
Time: *12:35 PM*  
Method: *Grab*

**Sample Final Analysis**

Date: *12/25/25*  
Time: *10:30 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	12/23/25	10:00 AM	JC
Total coliforms:	0/100mls	2/100mls	12/23/25	10:00 AM	JC
Standard plate count:	0/ml	200/ml	12/22/25	5:20 PM	AS

<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	12/22/25	12:35 PM	GR
Chlorine:	5.0 mg/l	1.0 - 5.0 mg/l	12/22/25	12:35 PM	GR
Turbidity:	1 NTU	1 - 2 NTU	12/22/25	12:35 PM	GR

**Sample comments**

( When exceeding reporting limit pool or spa is unfit)

Andre Smith, Lead Supervisor

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