



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

Lab ID No. 02-04041

C-2

Lab# 117

**Customer**

Facility Name: *Hampton Inn*  
Address: *1247 Smallman St.  
Pittsburgh, PA 15222*  
Matrix: *Recreational Water*  
Source Type: *Spa*

**Sample Collection**

Date: *2/17/26*  
Time: *10:10 AM*  
Method: *Grab*

**Sample Final Analysis**

Date: *2/19/26*  
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	2/18/26	10:00 AM	JC
Total coliforms:	0/100mls	2/100mls	2/18/26	10:00 AM	JC
Standard plate count:	0/ml	200/ml	2/17/26	4:05 PM	SL

<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	2/18/26	11:00 AM	JC

<b>Field Analysis</b>	<b>Results</b>	<b>Reporting limit</b>	<b>Date/Time</b>	<b>Analyst</b>	<b>Method</b>
pH:	7.0 SU	7.2 - 7.8 SU	2/17/26	10:10 AM	BH
Chlorine:	0.5 mg/l	1.0 - 5.0 mg/l	2/17/26	10:10 AM	BH
Turbidity:	1 NTU	1 - 2 NTU	2/17/26	10:10 AM	BH

**Sample comments**

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

Andre Smith, Lead Supervisor

( When exceeding reporting limit pool or spa is unfit)