



Chemtech-Ford Laboratories

Serving the Intermountain West Since 1953

Certificate of Analysis

Skyline Mountain Special Services District

Attn: Roy Fox
2201 SMR
Fairview, UT 84629

Work Order: 2411379
Phone: (801) 361-6227
Fax:
Email: smssd2013@gmail.com

Lab #: 2411379-01

Sample ID: Thad's Peak Fill Station

Report to State: **Yes**

Sample Type: **Routine**

Sampled: 9/17/24 12:32

Sampled By: **Jeremy Fox**

Field Res. Chlorine: **Not Provided**

System #: UTAH20043

Sample Source: **DS001**

Sample Point: **DS013**

Parameter Name	Result	Units	Method	Test Started	Test Ended	Flags
Coliform, Total	Absent	Org/100 mL	EPA 9223B	9/17/2024 15:15	9/18/2024 10:45	
E. Coli	Absent	Org/100 mL	EPA 9223B	9/17/2024 15:15	9/18/2024 10:45	

Lab #: 2411379-02

Sample ID: Club House

Report to State: **Yes**

Sample Type: **Routine**

Sampled: 9/17/24 12:53

Sampled By: **Jeremy Fox**

Field Res. Chlorine: **Not Provided**

System #: UTAH20043

Sample Source: **DS001**

Sample Point: **DS001**

Parameter Name	Result	Units	Method	Test Started	Test Ended	Flags
Coliform, Total	Absent	Org/100 mL	EPA 9223B	9/17/2024 15:15	9/18/2024 10:45	
E. Coli	Absent	Org/100 mL	EPA 9223B	9/17/2024 15:15	9/18/2024 10:45	



Melissa Connolly, Project Manager

CHAIN OF CUSTODY - SAMPLE SUBMITTAL FORM

DRINKING WATER & MICRO



**CHEMTECH-FORD
LABORATORIES**

Chemtech-Ford Laboratories
- Drop-Off Location -
1384 W 130 S
Orem, Ut. 84058
Phone: 801-229-2282

COMPANY: ~~SSSD~~ Skyline MTA SSSD
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 PHONE #: _____
 CONTACT: Roy Fox
 EMAIL: _____
 PROJECT: _____
 PO Number: _____
 INVOICE EMAIL ADDRESS: _____

State System #	*Rush Due Date
UT 20043	
Send to State	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*Additional fees may apply

Sample Condition		Delivery Method	
<input checked="" type="checkbox"/> Custody Seals	<input checked="" type="checkbox"/> COC Complete	<input type="checkbox"/> UPS	<input type="checkbox"/> USPS
<input checked="" type="checkbox"/> Container Intact	<input checked="" type="checkbox"/> Sufficient Sample Volume	<input type="checkbox"/> FedEx	<input type="checkbox"/> Chemtech-Ford Courier
<input checked="" type="checkbox"/> COC/Labels Agree	<input type="checkbox"/> Headspace Present (VOC)	<input checked="" type="checkbox"/> Walk-in	<input type="checkbox"/> Client Courier
<input checked="" type="checkbox"/> Received on Ice	<input type="checkbox"/> Temperature Blank	Tracking #:	
<input checked="" type="checkbox"/> Correct Containers	<input checked="" type="checkbox"/> Received within Holding Time		

CLIENT SAMPLE INFORMATION					
Lab Use Only	LOCATION / IDENTIFICATION	DATE	TIME	FACILITY ID (Source Code)	POINT CODE (DBP)
-01	1. Trads Peak ^{Fill Station}	9/17/24	1232	DS001	DS013
	2.				
-02	3. Club House	9/17/24	1253	DS001	DS001
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				

TESTS REQUESTED										BACTERIA					
Field: Residual Chlorine										Total Coliform + E coli (Present/Absent)	Total Coliform + E coli (Enumerated)	HPC (Misc Bacteria Plate Count)	Repeat		
													R = Routine I = Investigative TR = Trigger Source RP = Repeat OR - Original UP - Upstream DN = Downstream Failed Sample Lab ID #		
											R				
											R				

Sampled by: [print] <u>M Jeremy Fox</u>			
Special Instructions: _____			
Relinquished by: [signature] <u>[Signature]</u>	Date/Time <u>9/17/24 1400</u>	Received by: [signature] <u>[Signature]</u>	Date/Time <u>9-17-24 1400</u>
Relinquished by: [signature] <u>[Signature]</u>	Date/Time <u>9-17-24 1400</u>	Received by: [signature] <u>[Signature]</u>	Date/Time <u>9/17/24 1440</u>
Relinquished by: [signature] _____	Date/Time _____	Received by: [signature] _____	Date/Time _____

ON ICE NOT ON ICE Temp (C°): 7.4
 Samples received outside the EPA recommended temperature range of 0-6 C° may be rejected. A-1330

Payment Terms are net 30 days OAC. 1.5% interest charge per month (18% per annum). Client agrees to pay collection costs and attorney's fees.