



7/25/2024

Work Order: 24G1687
Project: [none]

Skyline Mountain Special Services District
Attn: Roy Fox
2201 SMR
Fairview, UT 84629

Client Service Contact: 801.262.7299

The analyses presented on this report were performed in accordance with the National Environmental Laboratory Accreditation Program (NELAP) unless noted in the comments, flags, or case narrative. If the report is to be used for regulatory compliance, it should be presented in its entirety, and not be altered.



Approved By:

Joyce Applegate, Project Manager



Certificate of Analysis

Lab Sample No.: 24G1687-01

| | |
|---|---|
| Name: Skyline Mountain Special Services District | Sample Date: 7/19/2024 9:30 AM |
| Sample Site: Thads Peak | Receipt Date: 7/19/2024 11:20 AM |
| Comments: | Sampler: M Jeremy Fox |
| Sample Matrix: Drinking Water | Project: |
| PO Number: | System No.: UTAH20043 |
| Source Code: WS002 | Sample Point: WS002 |
| | Report to State: Y |

| Parameter | Sample Result | EPA Max Contaminant Level (MCL) | Minimum Reporting Limit | Units | Analytical Method | Preparation Date/Time | Analysis Date/Time | Flag |
|------------------|---------------|---------------------------------|-------------------------|-------|-------------------|-----------------------|--------------------|------|
| Inorganic | | | | | | | | |
| Nitrate as N | 0.65 | 10 | 0.10 | mg/L | EPA 300.0 | 07/19/2024 15:35 | 07/20/2024 00:34 | |



Certificate of Analysis

Lab Sample No.: 24G1687-02

| | |
|---|---|
| Name: Skyline Mountain Special Services District | Sample Date: 7/19/2024 9:56 AM |
| Sample Site: Golf Course | Receipt Date: 7/19/2024 11:20 AM |
| Comments: | Sampler: M Jeremy Fox |
| Sample Matrix: Drinking Water | Project: |
| PO Number: | System No.: UTAH20043 |
| Source Code: WS003 | Sample Point: WS003 |
| | Report to State: Y |

| Parameter | Sample Result | EPA Max Contaminant Level (MCL) | Minimum Reporting Limit | Units | Analytical Method | Preparation Date/Time | Analysis Date/Time | Flag |
|------------------|---------------|---------------------------------|-------------------------|-------|-------------------|-----------------------|--------------------|------|
| Inorganic | | | | | | | | |
| Nitrate as N | 0.69 | 10 | 0.10 | mg/L | EPA 300.0 | 07/19/2024 15:35 | 07/20/2024 01:20 | |



Certificate of Analysis

Lab Sample No.: 24G1687-03

| | |
|---|---|
| Name: Skyline Mountain Special Services District | Sample Date: 7/19/2024 10:10 AM |
| Sample Site: Club House | Receipt Date: 7/19/2024 11:20 AM |
| Comments: | Sampler: M Jeremy Fox |
| Sample Matrix: Drinking Water | Project: |
| PO Number: | System No.: UTAH20043 |
| Source Code: WS001 | Sample Point: WS001 |
| | Report to State: Y |

| Parameter | Sample Result | EPA Max Contaminant Level (MCL) | Minimum Reporting Limit | Units | Analytical Method | Preparation Date/Time | Analysis Date/Time | Flag |
|------------------|---------------|---------------------------------|-------------------------|-------|-------------------|-----------------------|--------------------|------|
| Inorganic | | | | | | | | |
| Nitrate as N | 0.35 | 10 | 0.10 | mg/L | EPA 300.0 | 07/19/2024 15:35 | 07/20/2024 01:35 | |



Certificate of Analysis

Report Footnotes

Abbreviations

ND = Not detected at the corresponding Minimum Reporting Limit.

1 mg/L = one milligram per liter or 1 mg/Kg = one milligram per kilogram = 1 part per million.

1 ug/L = one microgram per liter or 1 ug/Kg = one microgram per kilogram = 1 part per billion.

1 ng/L = one nanogram per liter or 1 ng/Kg = one nanogram per kilogram = 1 part per trillion.

Data Comparisons

Values reported in **RED** exceed Primary Drinking Water standards.

Values reported in **BLUE** exceed Secondary Drinking Water standards.

BLANK values in the MCL column indicate no standard.

On calculated parameters, there may be a slight difference between summing the rounded values shown on the report vs the unrounded values used in the calculation.

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: SMSJD Stayline mtn
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE #: _____
CONTACT: Box Fox
EMAIL: _____
PROJECT: _____
PO Number: _____
INVOICE EMAIL ADDRESS: _____

| | |
|---|----------------------------|
| State System # | *Rush Due Date |
| <u>UT 20043</u> | |
| 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"/> EOC 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 | | |

2461687 CLIENT SAMPLE INFORMATION

| Lab Use Only | LOCATION / IDENTIFICATION | DATE | TIME | FACILITY ID (Source Code) | POINT CODE (DBP) |
|--------------|---------------------------|---------|-------|---------------------------|------------------|
| -01 | 1. Thads Peak | 7/19/24 | 9:30 | WS002 | <u>DS013</u> |
| 02 | 3. Golf Course | 7/19/24 | 9:56 | WS003 | |
| 03 | 5. Club House | 7/19/24 | 10:10 | WS001 | |
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| Field: Residual Chlorine | TESTS REQUESTED | | | | | | | | | | BACTERIA | | | Repeat OR - Original UP - Upstream DN = Downstream | Failed Sample Lab ID # |
|--------------------------|-----------------|--|--|--|--|--|--|--|--|--|----------|--|--------------------------------------|---|---------------------------|
| | | | | | | | | | | | | Total Coliform + E coli (Present/Absent) | Total Coliform + E coli (Enumerated) | | |
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Sampled by: [print] M Jeremy Fox

Special Instructions: _____

Relinquished by: [signature] [Signature] Date/Time 7/19/24 1120

Relinquished by: [signature] [Signature] Date/Time 7-19-24 1400

Relinquished by: [signature] _____ Date/Time _____

Received by: [signature] [Signature] Date/Time 7-19-24 1120

Received by: [signature] [Signature] Date/Time 7/19/24 1435

Received by: [signature] _____ Date/Time _____

ON ICE NOT ON ICE Temp (C°): 13.9

Samples received outside the EPA recommended temperature range of 0-6 C° may be rejected.

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.