



6/20/2024

Work Order: 24F1442
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.: 24F1442-01

Name: Skyline Mountain Special Services District	Sample Date: 6/18/2024 6:00 AM
Sample Site: Lot C-5	Receipt Date: 6/18/2024 12:21 PM
Comments:	Sampler: Jeremy Fox
Sample Matrix: Drinking Water	Project:
PO Number:	System No.: UTAH20043
Source Code: DS001	Sample Point: DS001
	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
Metals								
Copper, Total	0.104	1.3	0.0012	mg/L	EPA 200.8/200.8	06/19/2024	06/19/2024	
Lead, Total	0.0041	0.015	0.0005	mg/L	EPA 200.8/200.8	06/19/2024	06/19/2024	



CHEMTECH-FORD
LABORATORIES

Certificate of Analysis

Lab Sample No.: 24F1442-02

Name: Skyline Mountain Special Services District	Sample Date: 6/18/2024 11:00 AM
Sample Site: Lot C-50	Receipt Date: 6/18/2024 12:21 PM
Comments:	Sampler: Jeremy Fox
Sample Matrix: Drinking Water	Project:
PO Number:	System No.: UTAH20043
Source Code: DS001	Sample Point: DS001
	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
Metals								
Copper, Total	0.0114	1.3	0.0012	mg/L	EPA 200.8/200.8	06/19/2024	06/19/2024	
Lead, Total	ND	0.015	0.0005	mg/L	EPA 200.8/200.8	06/19/2024	06/19/2024	



CHEMTECH-FORD
LABORATORIES

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: SMS&D skyline water ssd

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____

CONTACT: Roy Fox

EMAIL: _____

PROJECT: _____

PO Number: _____

INVOICE EMAIL ADDRESS: _____

State System # WT 20043 ***Rush Due Date**

Send to State
 Yes No

*Additional fees may apply

24F 1442

Sample Condition	Delivery Method
<input checked="" type="checkbox"/> Custody Seals <input checked="" type="checkbox"/> Container Intact <input checked="" type="checkbox"/> COC/Labels Agree <input checked="" type="checkbox"/> Received on Ice <input checked="" type="checkbox"/> Correct Containers	<input type="checkbox"/> USPS <input type="checkbox"/> Chemtech-Ford Courier <input type="checkbox"/> Client Courier

UPS
 FedEx
 Walk-in
 Tracking #: _____
 COC Complete
 Sufficient Sample Volume
 Headspace Present (VOC)
 Temperature Blank
 Received within Holding Time

CLIENT SAMPLE INFORMATION

Lab Use Only	LOCATION / IDENTIFICATION	DATE	TIME	FACILITY ID (Source Code)	POINT CODE (DBP)
1	<u>18T C-5</u>	<u>6/18/24</u>	<u>600</u>		
2					
3	<u>10T C-50</u>	<u>6/18/24</u>	<u>1100</u>		
4					
5					
6					
7					
8					
9					
10					
11					

TESTS REQUESTED	BACTERIA	
Field: Residual Chlorine <u>AG 1375</u> <u>MES in Rec.</u>	Total Coliform + E coli (Present/Absent)	<u>Lead + Copper</u>
	Total Coliform + E coli (Enumerated)	
	HPC (Misc Bacteria Plate Count)	
	R = Routine	
	I = Investigative	
TR = Trigger Source		
RP = Repeat		
Repeat		
OR - Original		
UP - Upstream		
DN - Downstream		
Failed Sample Lab ID #		

Sampled by: (print) M Jeremy Fox Temp (C°): 13.9

Special Instructions: NOT ON ICE
ON ICE
 Samples received outside the EPA recommended temperature range of 0-6 C° may be rejected.

Relinquished by: (signature) <u>Jeremy Fox</u>	Date/Time <u>6-18-24 12:21</u>
Relinquished by: (signature) <u>Jeremy Fox</u>	Date/Time <u>6-18-24 14:00</u>
Relinquished by: (signature) <u>Jeremy Fox</u>	Date/Time <u>6-18-24 14:30</u>

Payment Terms are net 30 days DAC. 15% interest charge per month (18% per annum). Client agrees to pay collection costs and attorney's fees.



6/21/2024

Work Order: 24F1314
Project: [none]

Skyline Mountain Special Services District

Attn: Roy Fox

2201 SMR

Fairview, UT 84629

Client Service Contact: 801.262.7299

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Approved By:

Joyce Applegate, Project Manager



Certificate of Analysis

Lab Sample No.: 24F1314-01

Name: Skyline Mountain Special Services District	Sample Date: 6/17/2024 8:00 AM
Sample Site: 1st C-49	Receipt Date: 6/17/2024 10:00 AM
Comments:	Sampler: Jeremy Fox
Sample Matrix: Drinking Water	Project:
PO Number:	System No.: UTAH20043
Source Code: DS001	Sample Point: DS001
	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
Metals								
Copper, Total	0.0075	1.3	0.0012	mg/L	EPA 200.8/200.8	06/18/2024	06/18/2024	
Lead, Total	ND	0.015	0.0005	mg/L	EPA 200.8/200.8	06/18/2024	06/18/2024	



Certificate of Analysis

Lab Sample No.: 24F1314-02

Name: Skyline Mountain Special Services District	Sample Date: 6/17/2024 8:40 AM
Sample Site: GC - 36	Receipt Date: 6/17/2024 10:00 AM
Comments:	Sampler: Jeremy Fox
Sample Matrix: Drinking Water	Project:
PO Number:	System No.: UTAH20043
Source Code: DS001	Sample Point: DS001
	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
Metals								
Copper, Total	0.0077	1.3	0.0012	mg/L	EPA 200.8/200.8	06/18/2024	06/18/2024	
Lead, Total	ND	0.015	0.0005	mg/L	EPA 200.8/200.8	06/18/2024	06/18/2024	



Certificate of Analysis

CHEMTECH-FORD
LABORATORIES

Lab Sample No.: 24F1314-03

Name: Skyline Mountain Special Services District	Sample Date: 6/17/2024 8:45 AM
Sample Site: GC - 19	Receipt Date: 6/17/2024 10:00 AM
Comments:	Sampler: Jeremy Fox
Sample Matrix: Drinking Water	Project:
PO Number:	System No.: UTAH20043
Source Code: DS001	Sample Point: DS001
	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
Metals								
Copper, Total	0.0091	1.3	0.0012	mg/L	EPA 200.8/200.8	06/18/2024	06/18/2024	
Lead, Total	ND	0.015	0.0005	mg/L	EPA 200.8/200.8	06/18/2024	06/18/2024	



CHEMTECH-FORD
LABORATORIES

Certificate of Analysis

Report Footnotes

Abbreviations

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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

COMPANY: SMSSD
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 PHONE #: _____
 CONTACT: Rox Fox
 EMAIL: _____
 PROJECT: _____
 PO Number: _____
 INVOICE EMAIL ADDRESS: _____

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

*Additional fees may apply

State System # <u>VT 20013</u>	*Rush Due Date
Send to State	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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)
1	1. 16T C-49	6/17/24	6:00		
2	2. Clubhouse well	6/17/24	8:15		
3	3. Golf Course well	6/17/24	8:20		
4	4. GC-36	6/17/24	8:40		
5	5. GC-19	6/17/24	8:45		
6					
7					
8					
9					
10					
11					

TESTS REQUESTED		BACTERIA	
Field: Residual Chlorine			
1	AD1348 - Pres e lab	Lead + Copper	R = Routine I = Investigative TR = Trigger Source RP = Repeat
2			Repeat OR - Original UP - Upstream DN - Downstream
3			Failed Sample Lab ID #
4			
5			
6			
7			
8			
9			
10			
11			
		Total Coliform + E coli (Present/Absent)	
		Total Coliform + E coli (Enumerated)	
		HPC (Misc Bacteria Plate Count)	

ON ICE NOT ON ICE Temp (C°): 15.9

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

Sampled by: (print) <u>W Jeremy Fox</u>	Date/Time: <u>6-17-24 @ 1000</u>
Special Instructions:	Date/Time: <u>6-17-24 @ 1400</u>
Requisitioned by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>
Requisitioned by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>
Requisitioned by: (Signature) <u>[Signature]</u>	Received by: (Signature) <u>[Signature]</u>

Payment Terms are net 30 days OAC. 1.5% interest charge per month (1.8% per annum). Client agrees to pay collection costs and attorney's fees.