

## Certificate of Analysis

### Skyline Mountain Special Services District

Attn: Roy Fox  
2201 SMR  
Fairview, UT 84629

Work Order: 20C0486  
Phone: (801) 361-6227  
Fax:  
Email: [rrfox3768@gmail.com](mailto:rrfox3768@gmail.com)

Lab #: 20C0486-01

Sample ID: Lot B2

Report to State: **Yes**

Sample Type: **Routine**

Sampled: 3/9/20 12:11

Sampled By: **Jeremy Fox**

Field Res. Chlorine: **Not Provided**

System #: **UTAH20043**

Sample Source: **DS001**

Sample Point: **DS001**

Repeat Lab:

Original Failure Date:

Parameter Name	Result	Units	Method	Test Started	Test Ended	Flags
Coliform, Total	Absent	Org/100 mL	EPA 9223B	3/9/2020 16:35	3/10/2020 11:00	
E. Coli	Absent	Org/100 mL	EPA 9223B	3/9/2020 16:35	3/10/2020 11:00	




Joyce Applegate, Project Manager

Company or Name Skyline MT. SSD

Address \_\_\_\_\_  
Phone \_\_\_\_\_

Contact Name/Email Rox Fox

PO# \_\_\_\_\_ Project D or N  
DW System # 20043 Report DW to State

**Lab Notes:**

Custody Seals      Correct Containers      Temp Blank  
 Containers Intact      COC Included      Received within hold time  
 COC/Labels Agree      COC Complete  
 Preservation Confirmed      Sufficient Sample Volume     Temp 1.1 °C  
 Received on Ice      Headspace Present (VOC)

Lab Work Order # 2060480 Rush Due Date: \_\_\_\_\_

(Lab Use) Sample #	Sample ID or Location	Sample Date	Sample Time	Sample Matrix	Sample Source	(For Drinking Water) Sample Pt.	Analysis Requested	Bottle-Lot	Quantity
-01	16T B2	3/9	12:11	DR	D500/D501	D501	TC	E-945	

Sampled by Jeremy Fox

Relinquished by [Signature] Date/Time 3/9/20 1332

Relinquished by [Signature] Date/Time 3-9-20 1520

Relinquished by \_\_\_\_\_ Date/Time \_\_\_\_\_

Delivery Method:  Walk-in     Client Courier     CTF Courier  
 UPS     FedEx     Other     Tracking #  
[Signature]     3-9-20 1332

Received by [Signature] Date/Time 3/9/20 15:20

Received by \_\_\_\_\_ Date/Time \_\_\_\_\_