



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: 24E2012
Phone: (801) 361-6227
Fax:
Email: smssd2013@gmail.com

Lab #: 24E2012-01

Sample ID: Thads Peak

Report to State: Yes

Sample Type: Routine

Comments: ST002

Sampled: 5/24/24 11:15

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	5/24/2024 18:00	5/25/2024 12:00	
E. Coli	Absent	Org/100 mL	EPA 9223B	5/24/2024 18:00	5/25/2024 12:00	

Lab #: 24E2012-02

Sample ID: Clubhouse

Report to State: Yes

Sample Type: Routine

Sampled: 5/24/24 11:30

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	5/24/2024 18:00	5/25/2024 12:00	
E. Coli	Absent	Org/100 mL	EPA 9223B	5/24/2024 18:00	5/25/2024 12:00	




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: SMSSD
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 PHONE #: 801-361-6227
 CONTACT: Jeremy Fox 
 EMAIL: _____
 PROJECT: _____
 PO Number: _____
 INVOICE EMAIL ADDRESS: _____

State System # <u>Wtak 20043</u>		*Rush Due Date
Send to State Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

*Additional fees may apply

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

CLIENT SAMPLE INFORMATION					
Lab Use Only	LOCATION / IDENTIFICATION	DATE	TIME	FACILITY ID (Source Code)	POINT CODE (DBP)
-01	<u>Trucks Peak</u>	<u>5/24/15</u>	<u>1115</u>	<u>D5001</u>	<u>D5012</u>
-02	<u>Club House</u>	<u>5/24/15</u>	<u>1130</u>	<u>D5001</u>	<u>(D1002)</u>

TESTS REQUESTED	BACTERIA			
	Total Coliform + E coli (Present/Absent)	Total Coliform + E coli (Enumerated)	HPC (Misc Bacteria Plate Count)	Failed Sample Lab ID #
Field: Residual Chlorine				

Sampled by: (print) <u>Jeremy Fox</u>	Date/Time	5/24/15	1347
Relinquished by: (signature) <u>[Signature]</u>	Date/Time	5/24/15	1400
Relinquished by: (signature) <u>[Signature]</u>	Date/Time	5/24/15	1347
Relinquished by: (signature) <u>[Signature]</u>	Date/Time	5/24/15	1400
Relinquished by: (signature) <u>[Signature]</u>	Date/Time	5/24/15	1400

Special Instructions: _____

ON ICE NOT ON ICE Temp (C): 7.9

Temperature range of 0-6 C may be rejected. # 1090