

Certificate of Analysis

Skyline Mountain Special Services District

Attn: Roy Fox
2201 SMR
Fairview, UT 84629

Work Order: 21K1157
Phone: (801) 361-6227
Fax:
Email: rrfx3768@gmail.com

Lab #: 21K1157-01

Sample ID: Lot C-49

Report to State: **Yes**

Sample Type: **Routine**

Sampled: 11/19/21 9:15

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	11/19/2021 15:15	11/20/2021 12:00	
E. Coli	Absent	Org/100 mL	EPA 9223B	11/19/2021 15:15	11/20/2021 12:00	




Joyce Applegate, Project Manager

Company or Name: SKyline MT SSD
 Address: _____
 Phone: _____
 Contact Name/Email: Ray Fox
 PO#: _____
 Project: _____
 DW System # LT 200413 Report DW to State Y or N

Lab Notes:
 Custody Seals
 Containers Intact
 COC/Labels Linked
 Received on Ice
 Correct Containers
 COC Included
 COC Complete
 Sufficient Sample Volume
 Temp Blank
 Headspace Present (VOC)
 Received within hold time
 Checked by: RA
 Receiving Temp: 8.5 C

Lab Work Order # 21K1157
 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	(For Lab Use) Bottle-Lot	Quantity	
<u>-01</u>	<u>LOT C-49</u>	<u>11/19/21</u>	<u>0915</u>	<u>DUS</u>				<u>FC</u>	<u>E1DD3</u>	

Sampled by M Jeremy Fox

Delivery Method: Walk-In Client Courier UPS FedEx Other
 CTF Courier Tracking # _____

Relinquished by [Signature] Date/Time 11/19/21 1028 Received by [Signature] Date/Time 11-19-21 @ 1028
 Relinquished by [Signature] Date/Time 11-19-21 @ 1400 Received by [Signature] Date/Time 11-19-21 @ 1430

Relinquished by _____ Date/Time _____ Received by _____ Date/Time _____