

Certificate of Analysis

Skyline Mountain Special Services District

Attn: Roy Fox
2201 SMR
Fairview, UT 84629

Work Order: 23F0706
Phone: (801) 361-6227
Fax:
Email: smssd2013@gmail.com

Lab #: 23F0706-01

Sample ID: Thads Peak

Report to State: **Yes**

Sample Type: **Routine**

Sampled: 6/8/23 11:45

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	6/8/2023 15:15	6/9/2023 10:00	
E. Coli	Absent	Org/100 mL	EPA 9223B	6/8/2023 15:15	6/9/2023 10:00	

Lab #: 23F0706-02

Sample ID: Lot C-49

Report to State: **Yes**

Sample Type: **Routine**

Sampled: 6/8/23 11:15

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	6/8/2023 15:15	6/9/2023 10:00	
E. Coli	Absent	Org/100 mL	EPA 9223B	6/8/2023 15:15	6/9/2023 10:00	




Joyce Applegate, 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 #: _____
 CONTACT: Roy Fox
 EMAIL: _____
 PROJECT: _____
 PO Number: _____
 INVOICE EMAIL ADDRESS: _____

State System #	*Rush Due Date
UT 20043	
Send to State	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*Additional fees may apply

Sample Condition		Delivery Method	
<input 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		

23F0706 CLIENT SAMPLE INFORMATION					
Lab Use Only	LOCATION / IDENTIFICATION	DATE	TIME	FACILITY ID (Source Code)	POINT CODE (DBP)
-01	1. Muds Peak	6/8/23	11 45	DS001	
	2.				
02	3. 16T C-49	6/8/23	11 15	DS001	
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				

TESTS REQUESTED										BACTERIA					
Field: Residual Chlorine											Total Coliform + E. coli (Present/Absent)	Total Coliform + E. coli (Enumerated)	HPC (Misc Bacteria Plate Count)	R = Routine I = Investigative TR = Trigger Source RP = Repeat	
	Repeat		Failed Sample Lab ID #												
														R	
														R	

Sampled by: (print) <u>Jeremy Fox</u>		<input checked="" type="radio"/> ON ICE <input type="radio"/> NOT ON ICE Temp (C°): <u>10.4</u>	
Special Instructions: _____		Samples received outside the EPA recommended temperature range of 0-6 C° may be rejected. <u>E1199</u>	
Relinquished by: (signature) <u>[Signature]</u>	Date/Time <u>6/8/23 1314</u>	Received by: (signature) <u>[Signature]</u>	Date/Time <u>6-8-23 @ 1314</u>
Relinquished by: (signature) <u>[Signature]</u>	Date/Time <u>6-8-23 @ 1400</u>	Received by: (signature) <u>[Signature]</u>	Date/Time <u>6/8 1515</u>
Relinquished by: (signature) _____	Date/Time _____	Received by: (signature) _____	Date/Time _____

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.