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Certificate of Analysis

Skyline Mountain Special Services District

Attn: Roy Fox
2201 SMR
Fairview, UT 84629

Work Order: 19F1009
Phone: (801) 361-6227
Fax:
Email: rfox3768@gmail.com

Lab #: 19F1009-01

Sample ID: Thad's Peak

Sampled: 6/17/19 13:41

System #: UTAH20043

Repeat Lab:

Report to State: **Yes**

Sampled By: **Jeremy Fox**

Sample Source: **WS002**

Sample Type: **Routine**

Field Res. Chlorine: **Not Provided**

Sample Point: **WS002**

Original Failure Date:

Parameter Name	Result	Units	Method	Test Started	Test Ended	Flags
Coliform, Total	Absent	Org/100 mL	EPA 9223B	6/18/2019 15:00	6/19/2019 9:45	
E. Coli	Absent	Org/100 mL	EPA 9223B	6/18/2019 15:00	6/19/2019 9:45	



Joyce Applegate, Project Manager

Chain of Custody/Sample Submittal Form

Company or Name SMSD

Address _____

Phone _____

Contact Name/Email Ray or Jeremy Fox

PO# _____

DW System # 20013

Report DW to State or N

Lab Notes:

- Custody Seals
- Correct Containers
- Containers Intact
- COC Included
- COC/Labels Agree
- COC Complete
- Preservation Confirmed
- Sufficient Sample Volume
- Received on Ice
- Headspace Present (VOC)
- Temp Blank
- Received within hold time
- Temp 5.0 C

Lab Work Order # 19F1BD9

Rush Due Date: _____

(Lab Use) Sample #	Sample ID or Location	Sample Date	Sample Time	Sample Matrix	Sample Source	Sample Pt.	Analysis Requested	(For Lab Use) Bottle-Lot	Quantity
-01	Trucks park	6/17/19	13:41	DVD	USOAR	USOAR		EBD	

Sampled by Jeremy Fox Delivery Method: Walk-In Client Courier CTF Courier

Retinquished by [Signature] Date/Time 6/17/2019 @ 1518 Received by [Signature] Date/Time 6-17-19 @ 1518

Retinquished by _____ Date/Time _____ Received by _____ Date/Time _____

Retinquished by _____ Date/Time _____ Received by _____ Date/Time _____