



CHEMTECH-FORD  
LABORATORIES

### Certificate of Analysis

#### Skyline Mountain Special Services District

Attn: Roy Fox  
2201 SMR  
Fairview, UT 84629

Work Order: 23A1040  
Phone: (801) 361-6227  
Fax:  
Email: rrfx3768@gmail.com

Lab #: 23A1040-01

Sample ID: Clubhouse

Report to State: **Yes**

Sample Type: **Routine**

Sampled: 1/17/23 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 | 1/17/2023 15:30 | 1/18/2023 9:30 |       |
| E. Coli         | Absent | Org/100 mL | EPA 9223B | 1/17/2023 15:30 | 1/18/2023 9:30 |       |



Joyce Applegate, Project Manager

