



# 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: 25B0660  
Phone: (801) 361-6227  
Fax:  
Email: smssd2013@gmail.com

Lab #: 25B0660-01

Sample ID: Thad's Peak Fill Station

Report to State: **Yes**

Sample Type: **Routine**

Sampled: 2/10/25 10:15

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	<b>Absent</b>	Org/100 mL	EPA 9223B	2/10/2025 17:30	2/11/2025 11:30	
E. Coli	<b>Absent</b>	Org/100 mL	EPA 9223B	2/10/2025 17:30	2/11/2025 11:30	

Lab #: 25B0660-02

Sample ID: Lot C-49

Report to State: **Yes**

Sample Type: **Routine**

Sampled: 2/10/25 11:15

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	<b>Absent</b>	Org/100 mL	EPA 9223B	2/10/2025 17:30	2/11/2025 11:30	
E. Coli	<b>Absent</b>	Org/100 mL	EPA 9223B	2/10/2025 17:30	2/11/2025 11:30	



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: Skylar Mountain SSD  
 ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_  
 CONTACT: Roy Fox  
 EMAIL: \_\_\_\_\_  
 PROJECT: \_\_\_\_\_  
 PO Number: \_\_\_\_\_  
 INVOICE EMAIL ADDRESS: \_\_\_\_\_

<b>State System #</b>	<b>*Rush Due Date</b>
<u>UT 20013</u>	
<b>Send to State</b>	
<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	<b>Tracking #:</b> _____	
<input checked="" type="checkbox"/> Correct Containers	<input checked="" type="checkbox"/> Received within Holding Time		

25B0660 CLIENT SAMPLE INFORMATION					
Lab Use Only	LOCATION / IDENTIFICATION	DATE	TIME	FACILITY ID (Source Code)	POINT CODE (DBP)
1	1. <u>Thods Peak Fill Station</u>	<u>2/10/25</u>	<u>10:15</u>	<u>D5001</u>	<u>D5013</u>
	2.				
2	3. <u>1st C-49</u>	<u>2/10/25</u>	<u>11:15</u>	<u>D5001</u>	<u>D5001</u>
	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)	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Investigative TR = Trigger Source RP = Repeat	
														Repeat
										X			OR - Original	
										X			UP - Upstream	
													DN - Downstream	

Sampled by: [print] MiJaemy Fox  
 Special Instructions: \_\_\_\_\_

ON ICE    NOT ON ICE    Temp (C°): 7.9

Samples received outside the EPA recommended temperature range of 0-6 C° may be rejected. E 1330

Relinquished by: [signature] <u>[Signature]</u>	Date/Time <u>2/10/2025 12:17</u>	Received by: [signature] <u>[Signature]</u>	Date/Time <u>2-10-25@1217</u>
Relinquished by: [signature] <u>[Signature]</u>	Date/Time <u>2-10-25@1400</u>	Received by: [signature] <u>[Signature]</u>	Date/Time <u>2/10/25 1455</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.