

Certificate of Analysis

Skyline Mountain Special Services District

Attn: Roy Fox
2201 SMR
Fairview, UT 84629

Work Order: 24A0603
Phone: (801) 361-6227
Fax:
Email: smssd2013@gmail.com

Lab #: 24A0603-01

Sample ID: Clubhouse

Report to State: **Yes**

Sample Type: **Routine**

Sampled: 1/9/24 12:25

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	1/9/2024 16:00	1/10/2024 12:00	
E. Coli	Absent	Org/100 mL	EPA 9223B	1/9/2024 16:00	1/10/2024 12:00	




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: Boy Fox
 EMAIL: _____
 PROJECT: _____
 PO Number: _____
 INVOICE EMAIL ADDRESS: _____

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

Sample Condition		Delivery Method	
<input checked="" 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		

CLIENT SAMPLE INFORMATION					
Lab Use Only	LOCATION / IDENTIFICATION	DATE	TIME	FACILITY ID (Source Code)	POINT CODE (DBP)
<u>24AD603</u>					
<u>-01</u>	1. <u>Club House</u>	<u>1/9/24</u>	<u>1225</u>		
	2.				
	3.				
	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
														OR - Original
														UP - Upstream
														DN = Downstream
														Failed Sample
														Lab ID #

Sampled by: [print] <u>M Jeremy Fox</u> Special Instructions: _____	ON ICE <input checked="" type="checkbox"/> NOT ON ICE <input type="checkbox"/> Temp (C°): <u>6.8</u>
Relinquished by: [signature] <u>[Signature]</u> Date/Time: <u>1/9/24 1327</u>	Received by: [signature] <u>[Signature]</u> Date/Time: <u>1-9-24@1327</u>
Relinquished by: [signature] <u>[Signature]</u> Date/Time: <u>1-9-24@1400</u>	Received by: [signature] <u>[Signature]</u> Date/Time: <u>1/9/24 1545</u>

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.