

Certificate of Analysis

Skyline Mountain Special Services District

Attn: Roy Fox
2201 SMR
Fairview, UT 84629

Work Order: 21G0452
Phone: (801) 361-6227
Fax:
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Lab #: 21G0452-01

Sample ID: Club House

Report to State: **Yes**

Sample Type: **Routine**

Sampled: 7/8/21 11:30

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	7/8/2021 16:30	7/9/2021 10:45	
E. Coli	Absent	Org/100 mL	EPA 9223B	7/8/2021 16:30	7/9/2021 10:45	

Lab #: 21G0452-02

Sample ID: Thads Peak

Report to State: **Yes**

Sample Type: **Routine**

Sampled: 7/8/21 12:00

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	7/8/2021 16:30	7/9/2021 10:45	
E. Coli	Absent	Org/100 mL	EPA 9223B	7/8/2021 16:30	7/9/2021 10:45	




Joyce Applegate, Project Manager

Timpview Analytical Labs

1384 W 130 S Orem, Ut 84058 801-229-2282

Chain of Custody/Sample Submittal Form

*TAL is a Chemtech-Ford Affiliate

Company or Name SMSSD
 Address _____
 Phone _____
 Contact Name/Email Rox Fox
 PO# _____ Project _____
 DW System # Ut 20043 Report DW to State Y or N

Lab Notes:		
<input type="checkbox"/> Custody Seals	<input checked="" type="checkbox"/> COC Included	<input checked="" type="checkbox"/> Received within hold time
<input checked="" type="checkbox"/> Containers Intact	<input checked="" type="checkbox"/> COC Complete	Checked by: <u>CF</u>
<input checked="" type="checkbox"/> COC/Labels Linked	<input checked="" type="checkbox"/> Sufficient Sample Volume	Receiving Temp: <u>8.7</u> C
<input checked="" type="checkbox"/> Received on Ice	<input type="checkbox"/> Temp Blank	
<input checked="" type="checkbox"/> Correct Containers	<input type="checkbox"/> Headspace Present (VOC)	

Lab Work Order # 216 0452 Rush Due Date: _____

(Lab Use) Sample #	Sample ID or Location	Sample Date	Sample Time	Sample Matrix	(For Drinking Water) Source	Sample Pt.	Analysis Requested	(For Lab Use) Bottle-Lot	Quantity
01	Club House	7/8/21	1130	DW	DS001		TC	E-1058	
02	Thods Peak	7/8/21	1200	DW	DS001		TC	E-1058	

M Jeremy Fox
 Sampled by _____ Delivery Method: Walk-In Client Courier CTF Courier
 UPS FedEx Other Tracking # _____
 Relinquished by [Signature] Date/Time 7/8/21 1336 Received by [Signature] Date/Time 7-8-21 1336
 Relinquished by [Signature] Date/Time 7-8-21 1400 Received by [Signature] Date/Time 7-8-21 1513/1
 Relinquished by _____ Date/Time _____ Received by _____ Date/Time _____