

## Certificate of Analysis

### Skyline Mountain Special Services District

Attn: Roy Fox  
2201 SMR  
Fairview, UT 84629

Work Order: 23L0807  
Phone: (801) 361-6227  
Fax:  
Email: smssd2013@gmail.com

Sample ID: Lot C-49

Sampled: 12/11/23 12:15

System #: UTAH20043

Repeat Lab:

Report to State: **Yes**

Sampled By: Jeremy Fox

Sample Source: DS001

Lab #: 23L0807-01

Sample Type: **Routine**

Field Res. Chlorine: **Not Provided**

Sample Point: **DS001**

Original Failure Date:

Parameter Name	Result	Units	Method	Test Started	Test Ended	Flags
Coliform, Total	Absent	Org/100 mL	EPA 9223B	12/11/2023 16:05	12/12/2023 10:30	
E. Coli	Absent	Org/100 mL	EPA 9223B	12/11/2023 16:05	12/12/2023 10:30	



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: Skylone Mt. S&D

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

CONTACT: Proy Fox

EMAIL: \_\_\_\_\_

PROJECT: \_\_\_\_\_

PO Number: \_\_\_\_\_

INVOICE EMAIL ADDRESS: \_\_\_\_\_

**\*Rush Due Date**

State System # Utah 20043

**Send to State**

Yes  No

\* Additional fees may apply

Sample Condition

Custody Seals	<input checked="" type="checkbox"/>	COC Complete	<input checked="" type="checkbox"/>
Container Intact	<input checked="" type="checkbox"/>	Sufficient Sample Volume	<input checked="" type="checkbox"/>
COC/Labels Agree	<input checked="" type="checkbox"/>	Headspace Present (VOC)	<input checked="" type="checkbox"/>
Received on Ice	<input checked="" type="checkbox"/>	Temperature Blank	<input checked="" type="checkbox"/>
Correct Containers	<input checked="" type="checkbox"/>	Received within Holding Time	<input checked="" type="checkbox"/>

Delivery Method

USPS	<input type="checkbox"/>
FedEx	<input type="checkbox"/>
Chemtech-Ford Courier	<input type="checkbox"/>
Client Courier	<input type="checkbox"/>
Tracking #:	<input type="text"/>

CLIENT SAMPLE INFORMATION			
Lab Use Only	LOCATION / IDENTIFICATION	DATE	TIME
<u>2310807</u>	<u>LOT C-49</u>	<u>12/11/12</u>	<u>1215</u>

TESTS REQUESTED		BACTERIA	
Total Coliform + E coli (Present/Absent)	<u>X</u>	R = Routine	
Total Coliform + E coli (Enumerated)		I = Investigative	
HPC (Misc Bacteria Plate Count)		TR = Trigger Source	
		RP = Repeat	
		Repeat	
		OK - Original	
		UP - Upstream	
		DN = Downstream	
		Failed Sample	
		Lab ID #	

Sampled by: (print) M Jeremy Fox      **ON ICE**      **NOT ON ICE**      Temp (C°): 4.1

Special Instructions: \_\_\_\_\_

Samples received outside the EPA recommended temperature range of 0-6 C° may be rejected. E1249

Relinquished by: (signature) <u>[Signature]</u>	Date/Time <u>12-11-23 @ 1327</u>
Relinquished by: (signature) <u>[Signature]</u>	Date/Time <u>12/11/12 1437</u>
Relinquished 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.