



8/15/2023

**Work Order: 23H0575**  
**Project: [none]**

**Skyline Mountain Special Services District**  
**Attn: Roy Fox**  
**2201 SMR**  
**Fairview, UT 84629**

**Client Service Contact: 801.262.7299**

The analyses presented on this report were performed in accordance with the National Environmental Laboratory Accreditation Program (NELAP) unless noted in the comments, flags, or case narrative. If the report is to be used for regulatory compliance, it should be presented in its entirety, and not be altered.



Approved By:

Joyce Applegate, Project Manager



## Certificate of Analysis

**Lab Sample No.: 23H0575-01**

<b>Name:</b> Skyline Mountain Special Services District	<b>Sample Date:</b> 8/7/2023 12:30 PM
<b>Sample Site:</b> 22485 N Spring View Drive	<b>Receipt Date:</b> 8/7/2023 1:57 PM
<b>Comments:</b>	<b>Sampler:</b> Jeremy Fox
<b>Sample Matrix:</b> Drinking Water	<b>Project:</b>
<b>PO Number:</b>	<b>System No.:</b> UTAH20043
<b>Source Code:</b> DS001	<b>Sample Point:</b> MR001
	<b>Report to State:</b> Y

Parameter	Sample Result	EPA Max Contaminant Level (MCL)	Minimum Reporting Limit	Units	Analytical Method	Preparation Date/Time	Analysis Date/Time	Flag
<b>Regulated Haloacetic Acids (HAAs)</b>								
Dibromoacetic Acid	ND		1.0	ug/L	EPA 552.2	08/11/2023	08/11/2023	
Dichloroacetic Acid	ND		1.0	ug/L	EPA 552.2	08/11/2023	08/11/2023	
Monobromoacetic Acid	ND		1.0	ug/L	EPA 552.2	08/11/2023	08/11/2023	
Monochloroacetic Acid	ND		2.0	ug/L	EPA 552.2	08/11/2023	08/11/2023	
Trichloroacetic Acid	ND		1.0	ug/L	EPA 552.2	08/11/2023	08/11/2023	
Total Haloacetic Acids	ND	60	2.00	ug/L	[CALC]	08/11/2023	08/11/2023	
<b>Trihalomethanes (THMs)</b>								
Bromodichloromethane	0.5		0.5	ug/L	EPA 524.2	08/08/2023	08/08/2023	
Bromoform	ND		0.5	ug/L	EPA 524.2	08/08/2023	08/08/2023	
Chloroform	ND		0.5	ug/L	EPA 524.2	08/08/2023	08/08/2023	
Dibromochloromethane	0.7		0.5	ug/L	EPA 524.2	08/08/2023	08/08/2023	
Total Trihalomethanes	1.2	80	0.5	ug/L	EPA 524.2	08/08/2023	08/08/2023	



## Certificate of Analysis

### Report Footnotes

#### Abbreviations

ND = Not detected at the corresponding Minimum Reporting Limit.

1 mg/L = one milligram per liter or 1 mg/Kg = one milligram per kilogram = 1 part per million.

1 ug/L = one microgram per liter or 1 ug/Kg = one microgram per kilogram = 1 part per billion.

1 ng/L = one nanogram per liter or 1 ng/Kg = one nanogram per kilogram = 1 part per trillion.

#### Data Comparisons

Values reported in **RED** exceed Primary Drinking Water standards.

Values reported in **BLUE** exceed Secondary Drinking Water standards.

**BLANK** values in the MCL column indicate no standard.

On calculated parameters, there may be a slight difference between summing the rounded values shown on the report vs the unrounded values used in the calculation.

# 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: Ray Fox

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

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

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

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

<b>State System #</b>	<b>*Rush Due Date</b>
<u>Utah 20043</u>	
<b>Send to State</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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		

23H 0575					
CLIENT SAMPLE INFORMATION					
Lab Use Only	LOCATION / IDENTIFICATION	DATE	TIME	FACILITY ID (Source Code)	POINT CODE (DBP)
-01	1. 22405th Spring Utah Dr.	8/7/23	1230		
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				

TESTS REQUESTED										BACTERIA				
Field: Residual Chlorine	DBP									Total Coliform + E coli (Preseny/Absent)	Total Coliform + E coli (Enumerated)	HPC (Misc Bacteria Plate Count)	R = Routine	Repeat
													I = Investigative	
<div style="display: flex; justify-content: space-between;"> <span>H(3) 12408</span> <span>V(2) 1256</span> </div>													UP - Upstream	Failed Sample Lab ID #
													DN - Downstream	

Sampled by: (print) <u>M Jeremy Fox</u>		<input checked="" type="radio"/> ON ICE <input type="radio"/> NOT ON ICE    Temp (C°): <u>18.0</u>	
Special Instructions:		Samples received outside the EPA recommended temperature range of 0-6 C° may be rejected.	
Relinquished by: (signature) <u>[Signature]</u>	Date/Time <u>8/7/23 1357</u>	Received by: (signature) <u>[Signature]</u>	Date/Time <u>8-7-23 1357</u>
Relinquished by: (signature) <u>[Signature]</u>	Date/Time <u>8-7-23 1400</u>	Received by: (signature) <u>[Signature]</u>	Date/Time <u>8/7/23 1520</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.