



Certificate of Analysis

Skyline Mountain Special Services District

Attn: Roy Fox
2201 SMR
Fairview, UT 84629

Work Order: 23J1769
Phone: (801) 361-6227
Fax:
Email: smsd2013@gmail.com

Lab #: 23J1769-01

Sample ID: Lot C-49

Report to State: Yes

Sample Type: **Repeat - OR**

Sampled: 10/20/23 10:22

Sampled By: **Jeremy Fox**

Field Res. Chlorine: **Not Provided**

System #: UTAH20043

Sample Source: **DS001**

Sample Point: **DS001**

Repeat Lab: UT00027

Repeat Sample ID: **23J1546-01**

Original Failure Date: **10182023**

Parameter Name	Result	Units	Method	Test Started	Test Ended	Flags
Coliform, Total	Present	Org/100 mL	EPA 9223B	10/20/2023 17:30	10/21/2023 12:30	
E. Coli	Absent	Org/100 mL	EPA 9223B	10/20/2023 17:30	10/21/2023 12:30	

Lab #: 23J1769-02

Sample ID: Lot C-16

Report to State: Yes

Sample Type: **Repeat - UP**

Sampled: 10/20/23 10:24

Sampled By: **Jeremy Fox**

Field Res. Chlorine: **Not Provided**

System #: UTAH20043

Sample Source: **DS001**

Sample Point: **DS001**

Repeat Lab: UT00027

Repeat Sample ID: **23J1546-01**

Original Failure Date: **10182023**

Parameter Name	Result	Units	Method	Test Started	Test Ended	Flags
Coliform, Total	Absent	Org/100 mL	EPA 9223B	10/20/2023 17:30	10/21/2023 12:30	
E. Coli	Absent	Org/100 mL	EPA 9223B	10/20/2023 17:30	10/21/2023 12:30	

Lab #: 23J1769-03

Sample ID: Lot C-12

Report to State: Yes

Sample Type: **Repeat - DN**

Sampled: 10/20/23 10:30

Sampled By: **Jeremy Fox**

Field Res. Chlorine: **Not Provided**

System #: UTAH20043

Sample Source: **DS001**

Sample Point: **DS001**

Repeat Lab: UT00027

Repeat Sample ID: **23J1546-01**

Original Failure Date: **10182023**

Parameter Name	Result	Units	Method	Test Started	Test Ended	Flags
Coliform, Total	Absent	Org/100 mL	EPA 9223B	10/20/2023 17:30	10/21/2023 12:30	
E. Coli	Absent	Org/100 mL	EPA 9223B	10/20/2023 17:30	10/21/2023 12:30	

Lab #: 23J1769-04

Sample ID: Golf Course Well

Report to State: Yes

Sample Type: **Trigger Source**

Sampled: 10/20/23 10:40

Sampled By: **Jeremy Fox**

Field Res. Chlorine: **Not Provided**

System #: UTAH20043

Sample Source: **WS003**

Sample Point: **WS003**

Parameter Name	Result	Units	Method	Test Started	Test Ended	Flags
Coliform, Total	Absent	Org/100 mL	EPA 9223B	10/20/2023 17:30	10/21/2023 12:30	
E. Coli	Absent	Org/100 mL	EPA 9223B	10/20/2023 17:30	10/21/2023 12:30	



CHEMTECH-FORD
LABORATORIES

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Fairview, UT 84629

Work Order: 23J1769
Phone: (801) 361-6227
Fax:
Email: smssd2013@gmail.com

Lab #: 23J1769-05

Sample ID: Club House Well

Report to State: Yes

Sample Type: Trigger Source

Sampled: 10/20/23 10:50

Sampled By: Jeremy Fox

Field Res. Chlorine: Not Provided

System #: UTAH20043

Sample Source: WS001

Sample Point: WS001

Parameter Name	Result	Units	Method	Test Started	Test Ended	Flags
Coliform, Total	Absent	Org/100 mL	EPA 9223B	10/20/2023 17:30	10/21/2023 12:30	
E. Coli	Absent	Org/100 mL	EPA 9223B	10/20/2023 17:30	10/21/2023 12:30	



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
Crem, UT 84058
Phone 801-229-2282

COMPANY: Skylene MT S&P

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____

CONTACT: BOY FOX

EMAIL: _____

PROJECT: _____

PO Number: _____

INVOICE EMAIL ADDRESS: _____

State System # _____ *Rush Due Date _____

UTAH 200413

Send to State _____

Yes No

*Additional fees may apply

Lab Use Only	Sample Condition		Delivery Method		CLIENT SAMPLE INFORMATION		
	COC Complete	Sufficient Sample Volume	USPS	Chemtech-Ford Courier	LOCATION / IDENTIFICATION	DATE	TIME
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	107 C-19	10/20/23	10:22
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	107 C-14	10/20/23	10:24
3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	107 C-12	10/20/23	10:30
4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copk Course well	10/20/23	10:40
5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clubs House well	10/20/23	10:50
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Field: Residual Chlorine	TESTS REQUESTED										BACTERIA	
	Total Coliform + E.coli (Enumerated)	Total Coliform + E.coli (Present/Absent)	HPC (Misc Bacteria Plate Count)	R = Routine	I = Investigative	TR = Trigger Source	RP = Repeat	Repeat	OR - Original	UP - Upstream	DN - Downstream	Failed Sample Lab ID #
E1249	X											1154601
E1249												10-18-23
E1249	X											
E1199	X											
E1199												

Sampled by (print): M Jeremy Fox **ON ICE** **NOT ON ICE** Temp (C°): 8.4

Special Instructions: _____

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

Relinquished by (signature)	Date/Time	Received by (signature)	Date/Time
<u>[Signature]</u>	10/20/23 11:59	<u>[Signature]</u>	10/20/23 0:11:59
Relinquished by (signature)	Date/Time	Received by (signature)	Date/Time
<u>[Signature]</u>	10/20/23 0:14:00	<u>[Signature]</u>	10/20/23 14:30

Payment Terms are net 30 days OAC. 15% interest charge per month (18% per annum). Client agrees to pay collection costs and attorney's fees.