Chemtech-Ford Laboratories
Serving the Intermountain West Since 1953

Certificate of Analysis

Skyline Mountain Special Services District

Attn: Roy Fox

2201 SMR

Fairview, UT 84629

Work Order: **24J1983**

Phone: **(801) 361-6227**

Fax:

Email: **smssd2013@gmail.com**

Lab #: **24J1983-01**

Sample ID: **Thad's Peak Fill Station**	*Report to State:* **Yes**	*Sample Type:* **Routine**
Sampled: **10/23/24 10:30**	*Sampled By:* **Jeremy Fox**	*Field Res. Chlorine:* **Not Provided**
System #: **UTAH20043**	*Sample Source:* **DS001**	*Sample Point:* **DS013**

Parameter Name	Result	Units	Method	Test Started	Test Ended	Flags
Coliform, Total	**Absent**	**Org/100 mL**	**EPA 9223B**	**10/23/2024 15:00**	**10/24/2024 11:30**	
E. Coli	**Absent**	**Org/100 mL**	**EPA 9223B**	**10/23/2024 15:00**	**10/24/2024 11:30**	

Lab #: **24J1983-02**

Sample ID: **Lot C-49**	*Report to State:* **Yes**	*Sample Type:* **Routine**
Sampled: **10/23/24 9:59**	*Sampled By:* **Jeremy Fox**	*Field Res. Chlorine:* **Not Provided**
System #: **UTAH20043**	*Sample Source:* **DS001**	*Sample Point:* **DS001**

Parameter Name	Result	Units	Method	Test Started	Test Ended	Flags
Coliform, Total	**Absent**	**Org/100 mL**	**EPA 9223B**	**10/23/2024 15:00**	**10/24/2024 11:30**	
E. Coli	**Absent**	**Org/100 mL**	**EPA 9223B**	**10/23/2024 15:00**	**10/24/2024 11:30**	

Melissa Connolly, Project Manager

CHEMTECH-FORD LABORATORIES

COMPANY: Skyline Mountain SSD

ADDRESS:

CITY/STATE/ZIP:

PHONE #:

CONTACT: Roy Fox

EMAIL:

PROJECT:

PO Number:

INVOICE EMAIL ADDRESS:

State System #	*Rush Due Date
UT 20043	
Send to State	*Additional fees may apply
☑ Yes ☐ No	

Chemtech-Ford Laboratories
- Drop-Off Location -
1384 W 130 S
Orem, Ut. 84058
Phone: 801-229-2282

Sample Condition
☐ Custody Seals	✓ COC Complete
✓ Container Intact	✓ Sufficient Sample Volume
✓ COC/Labels Agree	☐ Headspace Present (VOC)
✓ Received on Ice	☐ Temperature Blank
✓ Correct Containers	✓ Received within Holding Time

Delivery Method
☐ UPS	☐ USPS
☐ FedEx	☐ Chemtech-Ford Courier
✓ Walk-in	☐ Client Courier
Tracking #:	

TESTS REQUESTED

BACTERIA

R = Routine
I = Investigative
TR = Trigger Source
RP = Repeat

Repeat
OR - Original
UP - Upstream
DN = Downstream

24J1983

Lab Use Only	CLIENT SAMPLE INFORMATION — LOCATION / IDENTIFICATION	DATE	TIME	FACILITY ID (Source Code)	POINT CODE (DBP)	Field: Residual Chlorine	Total Coliform + E coli (Present/Absent)	Total Coliform + E coli (Enumerated)	HPC (Misc Bacteria Plate Count)	Failed Sample Lab ID #
1	1. Theds Peak Fill Station	10/23	1030	DS001	DS013		R			
	2.	10/23								
2	3. lOT C-49	10/23	959	DS001	DS001		R			
	4.									
	5.									
	6.									
	7.									
	8.									
	9.									
	10.									
	11.									

Sampled by: [print] M Jeremy Fox

Special Instructions:

☑ ON ICE ☐ NOT ON ICE Temp (C°): 6·9

Samples received outside the EPA recommended temperature range of 0-6 C° may be rejected. E1330

Relinquished by: [signature]	Date/Time 10/23/24 1155	Received by: [signature] Joyce Applegate	Date/Time 10.23.24 @ 1155
Relinquished by: [signature] Applegate	Date/Time 10.23.24 @ 1400	Received by: [signature]	Date/Time 10/23/24 1440
Relinquished by: [signature]	Date/Time	Received by: [signature]	Date/Time