



8/30/2024

Work Order: 24H1763
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.: 24H1763-01

Name: Skyline Mountain Special Services District	Sample Date: 8/20/2024 12:18 PM
Sample Site: 22485 N Spring View Dr	Receipt Date: 8/20/2024 1:30 PM
Comments:	Sampler: Jeremy Fox
Sample Matrix: Drinking Water	Project:
PO Number:	System No.: UTAH20043
Source Code: DS001	Sample Point: MR001
	Report to State: Y

Parameter	Sample Result	EPA Max Contaminant Level (MCL)	Minimum Reporting Limit	Units	Analytical Method	Preparation Date/Time	Analysis Date/Time	Flag
Regulated Haloacetic Acids (HAAs)								
Dibromoacetic Acid	ND		1.0	ug/L	EPA 552.2	08/23/2024	08/27/2024	
Dichloroacetic Acid	ND		1.0	ug/L	EPA 552.2	08/23/2024	08/27/2024	
Monobromoacetic Acid	ND		1.0	ug/L	EPA 552.2	08/23/2024	08/27/2024	
Monochloroacetic Acid	ND		2.0	ug/L	EPA 552.2	08/23/2024	08/27/2024	
Trichloroacetic Acid	ND		1.0	ug/L	EPA 552.2	08/23/2024	08/27/2024	
Total Haloacetic Acids	ND	60	2.00	ug/L	[CALC]/[CALC]	08/23/2024	08/27/2024	
Trihalomethanes (THMs)								
Bromodichloromethane	ND		0.5	ug/L	EPA 524.2	08/22/2024	08/22/2024	
Bromoform	0.8		0.5	ug/L	EPA 524.2	08/22/2024	08/22/2024	
Chloroform	ND		0.5	ug/L	EPA 524.2	08/22/2024	08/22/2024	
Dibromochloromethane	0.8		0.5	ug/L	EPA 524.2	08/22/2024	08/22/2024	
Total Trihalomethanes	1.6	80	0.5	ug/L	EPA 524.2	08/22/2024	08/22/2024	



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 Skyline mtn
 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	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*Additional fees may apply

Sample Condition		Delivery Method	
<input checked="" 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	Tracking #: _____	
<input checked="" type="checkbox"/> Correct Containers	<input checked="" type="checkbox"/> Received within Holding Time		

CLIENT SAMPLE INFORMATION					
Lab Use Only	LOCATION / IDENTIFICATION	DATE	TIME	FACILITY ID (Source Code)	POINT CODE (DBP)
2441763					
-01	1. 22405 N Springview Dr	8/20/24	12:18	DE001	M7001
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				

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

Sampled by: [print] <u>M Jeremy Fox</u>			
Special Instructions: _____			
Relinquished by: [signature] <u>M Jeremy Fox</u>	Date/Time <u>8/20/24 1330</u>	Received by: [signature] <u>Charm</u>	Date/Time <u>8-20-24 1330</u>
Relinquished by: [signature] <u>Charm</u>	Date/Time <u>8-20-24 1400</u>	Received by: [signature] <u>Alvone Teel</u>	Date/Time <u>8/20/24 1435</u>
Relinquished by: [signature]	Date/Time	Received by: [signature]	Date/Time

ON ICE NOT ON ICE Temp (C°): 13.0
 Samples received outside the EPA recommended temperature range of 0-6 C° may be rejected.

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.