

Certificate of Analysis

Skyline Mountain Special Services District

Attn: Roy Fox
2201 SMR
Fairview, UT 84629

Work Order: 22K1271
Phone: (801) 361-6227
Fax:
Email: rrfox3768@gmail.com

Sample ID: Clubhouse

Sampled: 11/16/22 9:30

System #: UTAH20043

Repeat Lab:

Report to State: Yes

Sampled By: Jeremy Fox

Sample Source: DS001

Lab #: 22K1271-01

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 | 11/16/2022 15:45 | 11/17/2022 9:45 | |
| E. Coli | Absent | Org/100 mL | EPA 9223B | 11/16/2022 15:45 | 11/17/2022 9:45 | |



Joyce Applegate, Project Manager

Company or Name: SWASSD
 Address: _____
 Phone: _____
 Contact Name/Email: Ray Fox
 PO#: _____
 Project: Report DW to State or N
 DW System #: UT20042
 Receiving Temp: 7.9 C

Lab Notes:
 Custody Seals
 Containers Intact
 COC/Labels Linked
 Received on Ice
 Correct Containers
 COC Included
 COC Complete
 Sufficient Sample Volume
 Temp Blank
 Headspace Present (VOC)
 Received within hold time
 Checked by: JA

Lab Work Order #: 22K1271 Rush Due Date: _____

| (Lab Use) Sample # | Sample ID or Location | Sample Date | Sample Time | Sample Matrix | Source | Sample Pt. | Analysis Requested | Bottle-Lot | Quantity |
|--------------------|-----------------------|-------------|-------------|---------------|--------|------------|--------------------|------------|----------|
| -01 | Clubhouse | 11/16/22 | 930 | DW | D500 | | TC | E1149 | |
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Sampled by: M. Jeremy Fox
 Delivery Method: Walk-In Client Courier: CTF Courier
 UPS FedEx: Other: Tracking # _____
 Relinquished by: [Signature] Received by: [Signature]
 Date/Time: 11/16/22 1045 Date/Time: 11-16-22 @ 1045
 Relinquished by: [Signature] Received by: [Signature]
 Date/Time: 11-16-22 @ 1400 Date/Time: 11-16-22 1530
 Relinquished by: _____ Received by: _____
 Date/Time: _____ Date/Time: _____