



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: 24L1392
Phone: (801) 361-6227
Fax:
Email: smssd2013@gmail.com

Lab #: 24L1392-01

Sample ID: Lot C-49

Report to State: **Yes**

Sample Type: **Routine**

Sampled: 12/17/24 11:30

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	12/17/2024 15:40	12/18/2024 11:30	
E. Coli	Absent	Org/100 mL	EPA 9223B	12/17/2024 15:40	12/18/2024 11:30	

Lab #: 24L1392-02

Sample ID: Thad's Peak Fill Station

Report to State: **Yes**

Sample Type: **Routine**

Sampled: 12/17/24 10:37

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	12/17/2024 15:40	12/18/2024 11:30	
E. Coli	Absent	Org/100 mL	EPA 9223B	12/17/2024 15:40	12/18/2024 11:30	



Melissa Connolly, Project Manager

CHAIN OF CUSTODY - SAMPLE SUBMITTAL FORM

DRINKING WATER & MICRO



CHEMTECH-FORD LABORATORIES

COMPANY: Skyline Mountain S&D
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 PHONE #: _____
 CONTACT: Roy Fox
 EMAIL: _____
 PROJECT: _____
 PO Number: _____
 INVOICE EMAIL ADDRESS: _____

State System # VT 2004B *Rush Due Date _____
 Send to State Send to State
 Yes No
 *Additional fees may apply

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

TESTS REQUESTED		BACTERIA	
Total Coliform + E coli (Present/Absent)	X	Total Coliform + E coli (Enumerated)	
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 #	

Lab Use Only	CLIENT SAMPLE INFORMATION				POINT CODE (DBP)
	LOCATION / IDENTIFICATION	DATE	TIME	FACILITY ID (source Code)	
1. <u>-01</u>	<u>LOT C-49</u>	<u>12/17/24</u>	<u>11:30</u>	<u>D5001</u>	<u>D5001</u>
2. <u>-02</u>	<u>Treds Peak Fill Station</u>	<u>12/17/24</u>	<u>10:07</u>	<u>D5001</u>	<u>D5013</u>
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Sampled by: [print] M Jeremy Fox NOT ON ICE Temp (C°): 7.3
 Special Instructions: Samples received outside the EPA recommended temperature range of 0-6 C° may be rejected. #1330

Relinquished by: (signature) <u>[Signature]</u>	Date/Time
Relinquished by: (signature) <u>[Signature]</u>	12-17-24 1330
Relinquished by: (signature) <u>[Signature]</u>	Date/Time
Relinquished by: (signature) <u>[Signature]</u>	12-17-24 1400
Relinquished by: (signature) <u>[Signature]</u>	Date/Time
Relinquished by: (signature) <u>[Signature]</u>	12-17-24 1440

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.