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Certificate of Analysis

Skyline Mountain Special Services District

Attn: Roy Fox
2201 SMR
Fairview, UT 84629

Work Order: 18L0397
Phone: (801) 597-6798
Fax:
Email: rrfox3768@gmail.com

Lab #: 18L0397-01

Sample ID: Club House

Report to State: **Yes**

Sample Type: **Routine**

Sampled: 12/7/18 10:45

Sampled By: Jeremy Fox

Field Res. Chlorine: Not Provided

System #: UTAH20043

Sample Source: DS001

Sample Point: DS001

Repeat Lab:

Original Failure Date:

Parameter Name	Result	Units	Method	Test Started	Test Ended	Flags
Coliform, Total	Absent	Org/100 mL	EPA 9223B	12/7/2018 15:15	12/8/2018 9:15	
E. Coli	Absent	Org/100 mL	EPA 9223B	12/7/2018 15:15	12/8/2018 9:15	



Joyce Applegate, Project Manager

Company or Name Skyline MT SSD
 Address _____
 Phone _____
 Contact Name/Email _____
 PO# _____ Project _____
 DW System # 2054B Report DW to State or N

Lab Notes:

Custody Seals Correct Containers Temp Blank
 Containers Intact COC Included Received within hold time
 COC/Labels Agree COC Complete
 Preservation Confirmed Sufficient Sample Volume Temp 2.6 C
 Received on Ice Headspace Present (VOC)

Lab Work Order # 18L0397 Rush Due Date: _____

(Lab Use) Sample #	Sample ID or Location	Sample Date	Sample Time	Sample Matrix	(For Drinking Water) Source	Sample Pt.	Analysis Requested	(For Lab Use) Bottle-Lot	Quantity
-01	Club House	12/7/18	1045	DWS	DS001	DS001	TC-PA	E820	

Sampled by M Jeremy Fox Delivery Method: Walk-In Client Courier CTF Courier GS
 Relinquished by [Signature] Date/Time 12/7/18 1231 Received by Jayne Aspegate Tracking # _____ Date/Time 12.7.18 @ 1231
 Relinquished by _____ Date/Time _____ Received by [Signature] Date/Time 12.7.18 1430
 Relinquished by _____ Date/Time _____ Received by _____ Date/Time _____