

Certificate of Analysis

Skyline Mountain Special Services District

Attn: Roy Fox
2201 SMR
Fairview, UT 84629

Work Order: 20D0185
Phone: (801) 361-6227
Fax:
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Lab #: 20D0185-01

Sample ID: C-49

Sampled: 4/3/20 9:34

System #: UTAH20043

Repeat Lab:

Report to State: **Yes**

Sampled By: Jeremy Fox

Sample Source: DS001

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	4/3/2020 14:30	4/4/2020 14:30	
E. Coli	Absent	Org/100 mL	EPA 9223B	4/3/2020 14:30	4/4/2020 14:30	




Joyce Applegate, Project Manager

Company or Name SM SSD
 Address _____
 Phone _____
 Contact Name/Email Roy Fox
 PO# _____
 DW System # 20043 Report DW to State Y or N
 Project _____

Lab Notes:
 Custody Seals COC Included
 Containers Intact COC Complete
 COC/Labels Linked Sufficient Sample Volume
 Received on Ice Temp Blank
 Correct Containers Headspace Present (VOC)
 Received within hold time
 Checked by: CAF
 Receiving Temp: 1.2 C
5.8

Lab Work Order # 20D0185 Rush Due Date: _____

(Lab Use) Sample #	Sample ID or Location	Sample Date	Sample Time	Sample Matrix	Sample Source	Sample Pt.	Analysis Requested	Bottle-Lot	Quantity
-01	LOT C-49	4/3/20	09:24	PW			TC	E820	

Sampled by W Jeremy Fox Delivery Method: Walk-In Client Courier CTF Courier
 UPS FedEx Other Tracking # _____
 Relinquished by [Signature] Date/Time 4/3/20 11:25
 Relinquished by [Signature] Date/Time 4-3-20 14:25
 Relinquished by _____ Date/Time _____
 Relinquished by _____ Date/Time _____