



### Certificate of Analysis

#### Skyline Mountain Special Services District

Attn: Roy Fox  
2201 SMR  
Fairview, UT 84629

Work Order: 23J2116  
Phone: (801) 361-6227  
Fax:  
Email: smssd2013@gmail.com

Lab #: 23J2116-01

Sample ID: Lot C-49 - Kitchen

Report to State: **Yes**

Sample Type: **Repeat - OR**

Sampled: 10/25/23 11:30

Sampled By: Jeremy Fox

Field Res. Chlorine: Not Provided

System #: UTAH20043

Sample Source: DS001

Sample Point: DS001

Repeat Lab: UT00027

Repeat Sample ID: 23J1546-01

Original Failure Date: 10182023

Parameter Name	Result	Units	Method	Test Started	Test Ended	Flags
Coliform, Total	Absent	Org/100 mL	EPA 9223B	10/25/2023 15:30	10/26/2023 10:00	
E. Coli	Absent	Org/100 mL	EPA 9223B	10/25/2023 15:30	10/26/2023 10:00	

Lab #: 23J2116-02

Sample ID: Lot C-49 - Bathroom

Report to State: **Yes**

Sample Type: **Repeat - OR**

Sampled: 10/25/23 11:40

Sampled By: Jeremy Fox

Field Res. Chlorine: Not Provided

System #: UTAH20043

Sample Source: DS001

Sample Point: DS001

Repeat Lab: UT00027

Repeat Sample ID: 23J1546-01

Original Failure Date: 10182023

Parameter Name	Result	Units	Method	Test Started	Test Ended	Flags
Coliform, Total	Absent	Org/100 mL	EPA 9223B	10/25/2023 15:30	10/26/2023 10:00	
E. Coli	Absent	Org/100 mL	EPA 9223B	10/25/2023 15:30	10/26/2023 10:00	



Joyce Applegate, Project Manager

# CHAIN OF CUSTODY - SAMPLE SUBMITTAL FORM

## DRINKING WATER & MICRO



**COMPANY:** Skyline MT S&P  
**ADDRESS:**  
**CITY/STATE/ZIP:**  
**PHONE #:**  
**CONTACT:** Roy Fox  
**EMAIL:**  
**PROJECT:**  
**PO Number:**  
**INVOICE EMAIL ADDRESS:**

**State System #**  
 Wtqh 20043  
**\*Rush Due Date**  
 Send to State  
 Yes    No

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

\*Additional fees may apply

### TESTS REQUESTED

Field: Residual Chlorine

### BACTERIA

Total Coliform + E coli (Present/Absent)	Total Coliform + E coli (Enumerated)	HPC (Misc Bacteria Plate Count)	Failed Sample Lab ID #
✓			PP 6r
✓			PP 6r

Lab Use Only	LOCATION / IDENTIFICATION	DATE	TIME	FACILITY ID (Source Code)	POINT CODE (DBP)
1	10T C-79 K.Fisher	10/25/23	1130		
2	30T C-79 P. Williams	10/25/23	1140		
3					
4					
5					
6					
7					
8					
9					
10					
11					

Sample Condition	Delivery Method
<input checked="" type="checkbox"/> Custody Seals <input checked="" type="checkbox"/> Container Intact <input checked="" type="checkbox"/> COC/Labels Agree <input checked="" type="checkbox"/> Received on Ice <input checked="" type="checkbox"/> Correct Containers	<input type="checkbox"/> USPS <input type="checkbox"/> FedEx <input type="checkbox"/> Walk-in <input checked="" type="checkbox"/> Tracking #: <input type="checkbox"/> Received within holding Time

Sample Condition	Delivery Method
<input checked="" type="checkbox"/> COC Complete <input checked="" type="checkbox"/> Sufficient Sample Volume <input checked="" type="checkbox"/> Headspace Present (VOC) <input checked="" type="checkbox"/> Temperature Blank <input checked="" type="checkbox"/> Received within holding Time	<input type="checkbox"/> USPS <input type="checkbox"/> Chemtech-Ford Courier <input type="checkbox"/> Client Courier

**Sampled by:** [print] M Jeremy Fox  
**Special Instructions:**  
 ON ICE   NOT ON ICE   Temp (C°): 5.2  
 Samples received outside the EPA recommended temperature range of 0-6 C° may be rejected. E1249

Relinquished by: [signature]	Date/Time	Received by: [signature]	Date/Time
[signature]	10/25/23 1750	James Aplegate	10-25-23 @ 1253
Relinquished by: [signature]	Date/Time	Received by: [signature]	Date/Time
[signature]	10-25-23 @ 1400	Roy Fox	10/25/23 1505

Payment: Terms are net 30 days OAC. .15% interest charge per month (1.8% per annum). Client agrees to pay collection costs and attorney's fees.