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Certificate of Analysis

Skyline Mountain Special Services District

Attn: Roy Fox
2201 SMR
Fairview, UT 84629

Work Order: 19L0940
Phone: (801) 361-6227
Fax:
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Lab #: 19L0940-01

Sample ID: Club House
Sampled: 12/17/19 9:45
System #: UTAH20043

Report to State: **Yes**

Sampled By: **Jeremy Fox**
Sample Source: **DS001**

Sample Type: **Routine**
Field Res. Chlorine: **Not Provided**
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	12/17/2019 15:15	12/18/2019 10:00	
E. Coli	Absent	Org/100 mL	EPA 9223B	12/17/2019 15:15	12/18/2019 10:00	



Joyce Applegate, Project Manager

Chain of Custody/Sample Submittal Form

*TAL is a Chemtech-Ford Affiliate

Company or Name MSSD
Address _____
Phone _____
Contact Name/Email Tom Fox
PO# _____
DW System # 20048 **Report DW to State** Y or N **Project** _____
 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 5.7 C
 Received on Ice Headspace Present (VOC)

Lab Notes:

Lab Work Order #		Rush Due Date:							
190940									
(Lab Use) Sample #	Sample ID or Location	Sample Date	Sample Time	Sample Matrix	Sample Source	Sample Pt.	Analysis Requested	Bottle-Lot	Quantity
-01	Club House	12/17/19	945	DW				EA18	

Delivery Method: Walk-In UPS Client Courier CTF Courier
Tracking # 12-17-19 @ 1122
Received by [Signature] **Date/Time** 12-17-19 1500
Relinquished by [Signature] **Date/Time** _____
Relinquished by [Signature] **Date/Time** _____
Relinquished by _____ **Date/Time** _____