

Certificate of Analysis

Skyline Mountain Special Services District

Attn: Roy Fox
2201 SMR
Fairview, UT 84629

Work Order: 21D0883

Phone: (801) 361-6227

Fax:

Email: rrfox3768@gmail.com

Lab #: 21D0883-01

Sample ID: Lot C-49

Report to State: **Yes**

Sample Type: **Routine**

Sampled: 4/15/21 10:00

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	4/15/2021 14:45	4/16/2021 9:30	
E. Coli	Absent	Org/100 mL	EPA 9223B	4/15/2021 14:45	4/16/2021 9:30	




Joyce Applegate, Project Manager

Company or Name: DMSSD
 Address: _____
 Phone: _____
 Contact Name/Email: Roy Fox
 PO#: _____ Project: _____
 DW System # UT2004B Report DW to State Y or N

Custody Seals
 Containers Intact
 COC/Labels Linked
 Received on Ice
 Correct Containers

COC Included
 COC Complete
 Sufficient Sample Volume
 Temp Blank
 Headspace Present (VOC)

Received within hold time
 Checked by: JA
 Receiving Temp: 34 C

Lab Work Order # 21D0883 Rush Due Date: _____

Sample #	Sample ID or Location	Sample Date	Sample Time	Sample Matrix	Sample Source	Analysis Requested	Bottle-Lot	Quantity
-01	LOT C-49	4/15/21	10:00	PUS	D5001	TC	E1003	

Sampled by: Jeremy Fox
 Relinquished by: [Signature] Date/Time: 4/15/21 @ 1227
 Relinquished by: [Signature] Date/Time: 4/15/21 @ 1400

Delivery Method: Walk-In UPS FedEx Other
 Client Courier: _____ Tracking #: _____
 Received by: [Signature] Date/Time: 4/15/21 @ 1400
 Received by: [Signature] Date/Time: 4/15/21 @ 1400

Relinquished by _____ Date/Time _____

Received by _____ Date/Time _____