

Certificate of Analysis

Skyline Mountain Special Services District

Attn: Roy Fox
2201 SMR
Fairview, UT 84629

Work Order: 24C0750
Phone: (801) 361-6227
Fax:
Email: smssd2013@gmail.com

Sample ID: Clubhouse **Lab #:** 24C0750-01
Report to State: Yes **Sample Type:** Routine
Sampled: 3/12/24 11:30 **Field Res. Chlorine:** Not Provided
System #: UTAH20043 **Sample Point:** DS001
Sampled By: Jeremy Fox
Sample Source: DS001

Parameter Name	Result	Units	Method	Test Started	Test Ended	Flags
Coliform, Total	Absent	Org/100 mL	EPA 9223B	3/12/2024 15:15	3/13/2024 10:45	
E. Coli	Absent	Org/100 mL	EPA 9223B	3/12/2024 15:15	3/13/2024 10:45	



Melissa Connolly, Project Manager

CHAIN OF CUSTODY - SAMPLE SUBMITTAL FORM

DRINKING WATER & MICRO



**CHEMTECH-FORD
LABORATORIES**

Chemtech-Ford Laboratories
 Drop-Off Location -
 1384 W 130 S
 Orem, Ut. 84058
 Phone: 801-228-2282

COMPANY: SMSSD

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____

CONTACT: Roy Fox

EMAIL: _____

PROJECT: _____

PO Number: _____

INVOICE EMAIL ADDRESS: _____

State System # UTM 200-13

***Rush Due Date**

Send to State

Yes No

*Additional fees may apply

TESTS REQUESTED

Field: Residual Chlorine	Total Coliform + E coli (Present/Absent)	Total Coliform + E coli (Enumerated)	HPC (Misc Bacteria Plate Count)	BACTERIA
				R = Routine
				I = Investigative
				TR = Trigger Source
				RP = Repeat
				Repeat
				OR - Original
				UP - Upstream
				DN = Downstream
				Failed Sample Lab ID #

Sample Condition

Custody Seals COC Complete

Container Intact Sufficient Sample Volume

COC/Labels Agree Headspace Present (VOC)

Received on Ice Temperature Blank

Correct Containers Received within Holding Time

Delivery Method

UPS USPS Chemtech-Ford Courier Client Courier

FedEx Walk-in

Tracking #: _____

CLIENT SAMPLE INFORMATION

Lab Use Only	LOCATION / IDENTIFICATION	DATE	TIME	FACILITY ID (Source Code)	POINT CODE (DBP)
<u>-01</u>	<u>Clubhouse</u>	<u>3/24</u>	<u>11:30</u>		
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Sampled by: (print) M. Jeremy Fox

Special Instructions: _____

Retinquished by: (signature) <u>[Signature]</u>	Date/Time <u>3/24 1233</u>
Retinquished by: (signature) <u>[Signature]</u>	Date/Time <u>3/24 1400</u>
Retinquished by: (signature) <u>[Signature]</u>	Date/Time _____

Received By: (signature) [Signature] Date/Time 3:12-24 @ 1233

Received By: (signature) [Signature] Date/Time 3:12-24 1450

Received By: (signature) [Signature] Date/Time _____

ON ICE NOT ON ICE

Temp (C°): 80

Samples received outside the EPA recommended temperature range of 0-6 C° may be rejected. E1330

Payment Terms are net 30 days OAC 1.5% interest charge per month (18% per annum). Client agrees to pay collection costs and attorney's fees