



Certificate of Analysis

Skyline Mountain Special Services District

Attn: Roy Fox
2201 SMR
Fairview, UT 84629

Work Order: 2110170
Phone: (801) 361-6227
Fax:
Email: rrfox3768@gmail.com

Lab #: 2110170-01

Sample ID: Thads Peak

Report to State: **Yes**

Sample Type: **Routine**

Sampled: 9/2/21 11:45

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	9/2/2021 15:00	9/3/2021 9:45	
E. Coli	Absent	Org/100 mL	EPA 9223B	9/2/2021 15:00	9/3/2021 9:45	

Lab #: 2110170-02

Sample ID: Lot C-49

Report to State: **Yes**

Sample Type: **Routine**

Sampled: 9/2/21 11:30

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	9/2/2021 15:00	9/3/2021 9:45	
E. Coli	Absent	Org/100 mL	EPA 9223B	9/2/2021 15:00	9/3/2021 9:45	



Joyce Applegate, Project Manager

Company or Name Skyline Mt. SSD
 Address _____
 Phone _____
 Contact Name/Email Roy Fox
 PO# _____ Project _____
 DW System # UT20043 Report DW to State or N

Lab Notes:

<input type="checkbox"/> Custody Seals	<input checked="" type="checkbox"/> COC Included	<input checked="" type="checkbox"/> Received within hold time
<input checked="" type="checkbox"/> Containers Intact	<input checked="" type="checkbox"/> COC Complete	Checked by: <u>CF</u>
<input checked="" type="checkbox"/> COC/Labels Linked	<input checked="" type="checkbox"/> Sufficient Sample Volume	Receiving Temp: <u>9.9</u> C
<input checked="" type="checkbox"/> Received on Ice	<input type="checkbox"/> Temp Blank	
<input checked="" type="checkbox"/> Correct Containers	<input type="checkbox"/> Headspace Present (VOC)	

Lab Work Order # 21F0170 Rush Due Date: _____

(Lab Use) Sample #	Sample ID or Location	Sample Date	Sample Time	Sample Matrix	(For Drinking Water) Source	Sample Pt.	Analysis Requested	(For Lab Use) Bottle-Lot	Quantity
<u>01</u>	<u>Thads Peak</u>	<u>9/2/21</u>	<u>11:45</u>	<u>DW</u>			<u>TC</u>	<u>E-1058</u>	
<u>02</u>	<u>lot C-49</u>	<u>9/2/21</u>	<u>11:30</u>	<u>DW</u>			<u>TC</u>	<u>E-1058</u>	

M Jeremy Fox
 Sampled by _____
 Relinquished by [Signature] Date/Time 9/2/21 1316
 Relinquished by [Signature] Date/Time 9-2-21 1400
 Relinquished by _____ Date/Time _____

Delivery Method: Walk-In Client Courier CTF Courier
 UPS FedEx Other Tracking # _____
 Received by [Signature] Date/Time 9-2-21 1316
 Received by [Signature] Date/Time 9-2-21 14:35
 Received by _____ Date/Time _____