

## Certificate of Analysis

### Fruitland Water SSD

Attn: Shilo Hatch  
PO Box 270130  
Fruitland, UT 84027

Work Order: 24A0507  
Phone: (435) 548-2399  
Fax:  
Email: fssd@ubtanet.com

Lab #: 24A0507-01

Sample ID: FSSD Office

Sampled: 1/9/24 7:30

System #: UTAH07058

Repeat Lab:

Report to State: Yes

Sampled By: Zack Taylor

Sample Source: DS001

Sample Type: Routine

Field Res. Chlorine: Not Provided

Sample Point: DS001

Original Failure Date:

Parameter Name	Result	Units	Method	Test Started	Test Ended	Flags
Coliform, Total	Absent	Org/100 mL	EPA 9223B	1/9/2024 16:00	1/10/2024 12:00	
E. Coli	Absent	Org/100 mL	EPA 9223B	1/9/2024 16:00	1/10/2024 12:00	



Joyce Applegate, 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: 801-229-2282

COMPANY: FSSD  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
PROJECT: \_\_\_\_\_  
PO Number: \_\_\_\_\_  
INVOICE EMAIL ADDRESS: \_\_\_\_\_

State System #	*Rush Due Date
Send to State	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*Additional fees may apply

Sample Condition		Delivery Method	
<input type="checkbox"/> Custody Seals	<input checked="" type="checkbox"/> COC Complete	<input type="checkbox"/> UPS	<input type="checkbox"/> USPS
<input checked="" type="checkbox"/> Container Intact	<input checked="" type="checkbox"/> Sufficient Sample Volume	<input type="checkbox"/> FedEx	<input type="checkbox"/> Chemtech-Ford Courier
<input checked="" type="checkbox"/> COC/Labels Agree	<input type="checkbox"/> Headspace Present (VOC)	<input checked="" type="checkbox"/> Walk-in	<input type="checkbox"/> Client Courier
<input type="checkbox"/> Received on Ice	<input type="checkbox"/> Temperature Blank	Tracking #: _____	
<input checked="" type="checkbox"/> Correct Containers	<input checked="" type="checkbox"/> Received within Holding Time		

24A0507 CLIENT SAMPLE INFORMATION					
Lab Use Only	LOCATION / IDENTIFICATION	DATE	TIME	FACILITY ID (Source Code)	POINT CODE (DBP)
-01	1. FSSD Def. 22	1/9/23	0730		
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				

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

Sampled by: [print] <u>Zach Taylor</u>		ON ICE <input type="checkbox"/> NOT ON ICE <input checked="" type="checkbox"/> Temp (C°): <u>16.9</u>	
Special Instructions:		Samples received outside the EPA recommended temperature range of 0-6 C° may be rejected. <u>E1249</u>	
Relinquished by: [signature] <u>[Signature]</u>	Date/Time <u>0913 1/9/23</u>	Received by: [signature] <u>[Signature]</u>	Date/Time <u>1-9-24 @ 0913</u>
Relinquished by: [signature] <u>[Signature]</u>	Date/Time <u>1-9-24 @ 1400</u>	Received by: [signature] <u>[Signature]</u>	Date/Time <u>1/9/24 1545</u>
Relinquished by: [signature] <u>[Signature]</u>	Date/Time	Received by: [signature]	Date/Time

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.