



Environmental Chemists, Inc.

6602 Windmill Way, Wilmington, NC 28405 • 910.392.0223 Lab • 910.392.4424 Fax
710 Bowsertown Road, Manteo, NC 27954 • 252.473.5702 Lab / Fax
255-A Wilmington Highway, Jacksonville, NC 28540 • 910.347.5843 Lab / Fax

ANALYTICAL & CONSULTING CHEMISTS

info@environmentalchemists.com

Town of Boiling Springs
2905 Wood Road
Mooreboro NC 28114
Attention:

Date of Report: Jun 10, 2024
Customer PO #:
Customer ID: 21070012
Report #: 2024-13139
Project ID: Lake Samples

Lab ID	Sample ID: Boiling Spring	Collect Date/Time	Matrix	Sampled by
24-31812	Site: Spring Lake	6/7/2024 11:36 AM	Water	Mike Miracle

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	9 MPN/100ml	06/07/2024
Fecal Coliform	SM 9222 D-2015 MF	14 Colonies/100mL	06/07/2024
E. Coli	SM 9223B-MW	21 MPN/100ml	06/07/2024
Total Coliform	SM 9223B-MW	981 MPN/100ml	06/07/2024

Lab ID	Sample ID: Boiling Spring	Collect Date/Time	Matrix	Sampled by
24-31814	Site: Tate Lake	6/7/2024 11:21 AM	Water	Mike Miracle

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	<1 MPN/100ml	06/07/2024
Fecal Coliform	SM 9222 D-2015 MF	<5 Colonies/100mL	06/07/2024
E. Coli	SM 9223B-MW	7 MPN/100ml	06/07/2024
Total Coliform	SM 9223B-MW	1683 MPN/100ml	06/07/2024

Lab ID	Sample ID: Boiling Spring	Collect Date/Time	Matrix	Sampled by
24-31815	Site: Seminole Lake	6/7/2024 11:14 AM	Water	Mike Miracle

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	2 MPN/100ml	06/07/2024
Fecal Coliform	SM 9222 D-2015 MF	<5 Colonies/100mL	06/07/2024
E. Coli	SM 9223B-MW	19 MPN/100ml	06/07/2024
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	06/07/2024



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Customer ID: 21070012
Report #: 2024-13139
Project ID: Lake Samples

Lab ID	Sample ID: Boiling Spring	Collect Date/Time	Matrix	Sampled by
24-31816	Site: Mirror Lake	6/7/2024 11:09 AM	Water	Mike Miracle

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	8 MPN/100ml	06/07/2024
Fecal Coliform	SM 9222 D-2015 MF	<5 Colonies/100mL	06/07/2024
E. Coli	SM 9223B-MW	7 MPN/100ml	06/07/2024
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	06/07/2024

Comment:

Reviewed by: 

Sample Receipt Checklist

Client: Bolton Springs, T. Date: 10/17/24 Report Number: 2024-13139

Receipt of sample:		ECHEM Pickup <input checked="" type="checkbox"/>	Client Delivery <input type="checkbox"/>	UPS <input type="checkbox"/>	FedEx <input type="checkbox"/>	Other <input type="checkbox"/>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	1. Were custody seals present on the cooler?			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	2. If custody seals were present, were they intact/unbroken?			
Original temperature upon receipt		<u>5.0</u> °C	Corrected temperature upon receipt _____ °C			
How temperature taken:		<input type="checkbox"/> Temperature Blank	<input checked="" type="checkbox"/> Against Bottles			
IR Gun ID: Thomas Traceable S/N 210886869		IR Gun Correction Factor °C: 0.0				
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	3. If temperature of cooler exceeded 6°C, was Project Mgr./QA notified?				
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	4. Were proper custody procedures (relinquished/received) followed?				
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	5. Were sample ID's listed on the COC?				
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	6. Were samples ID's listed on sample containers?				
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	7. Were collection date and time listed on the COC?				
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	8. Were tests to be performed listed on the COC?				
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	9. Did samples arrive in proper containers for each test?				
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	10. Did samples arrive in good condition for each test?				
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	11. Was adequate sample volume available?'				
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	12. Were samples received within proper holding time for requested tests?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	13. Were acid preserved samples received at a pH of <2? *				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	14. Were cyanide samples received at a pH >12?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	15. Were sulfide samples received at a pH >9?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	16. Were NH3/TKN/Phenol received at a chlorine residual of <0.5 m/L? **				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	17. Were Sulfide/Cyanide received at a chlorine residual of <0.5 m/L?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	18. Were orthophosphate samples filtered in the field within 15 minutes?				

* TOC/Volatiles are pH checked at time of analysis and recorded on the benchsheet.
 ** Bacteria samples are checked for Chlorine at time of analysis and recorded on the benchsheet.

Sample Preservation: (Must be completed for any sample(s) incorrectly preserved or with headspace)
 Sample(s) _____ were received incorrectly preserved and were adjusted accordingly by adding (circle one): H₂SO₄ HNO₃ HCl NaOH
 Time of preservation: _____ If more than one preservative is needed, notate in comments below
 Note: Notify customer service immediately for incorrectly preserved samples. Obtain a new sample or notify the state lab if directed to analyzed by the customer. Who was notified, date and time: _____
 Volatiles Sample(s) _____ were received with headspace

COMMENTS:

Client: **Boiling Spring Lakes** PROJECT NAME: _____ REPORT NO: **24-13139**

ADDRESS: _____ CONTACT NAME: _____ PO NO: _____

REPORT TO: _____ PHONE/FAX: _____

COPY TO: _____ email: _____

Sampled By: Mike Mink SAMPLE TYPE: I = Influent, E = Effluent, W = Well, ST = Stream, SO = Soil, SL = Sludge, Other: _____

Sample Identification	Collection			Sample Type	Composite or Grab	Container (P or G)	Chlorine mg/L	pH of bottle	LAB ID NUMBER	PRESERVATION							ANALYSIS REQUESTED
	Date	Time	Temp							NONE	HCL	H2SO4	HNO3	NAOH	THIO	FILTERED	
Spring Lake	6-22-24	1136		G	G				31812								E.Coli, Entero, Fecal, Total Coliform
Tate Lake		1121		G	G				14								E.Coli, Entero, Fecal, Total Coliform
Seminole Lake		1114		G	G				15								E.Coli, Entero, Fecal, Total Coliform
Mirror Lake		1109		G	G				16								E.Coli, Entero, Fecal, Total Coliform
				G	G												
				G	G												
				G	G												
				G	G												
				G	G												

NOTICE - DECHLORINATION: Samples for Ammonia, TKN, Cyanide, Phenol and Bacteria must be dechlorinated (0.5 ppm or less) in the field at the time of collection. See reverse for instructions

1. Transfer Relinquished By: _____ Date/Time: _____ Received By: _____ Date/Time: _____

2. Temperature when Received °C: 5.6 Accepted: Rejected: Resample Requested: _____

Delivered By: _____ Received By: Mike Mink Date: 6-7-24 Time: 1350

Comments: _____ TURNAROUND: _____