



# 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

**City of Boiling Spring Lakes**  
9 East Boiling Spring Road  
Boiling Spring Lake NC 28461  
Attention:

**Date of Report:** Jul 18, 2024  
**Customer PO #:**  
**Customer ID:** 08100287  
**Report #:** 2024-16038  
**Project ID:** Lake Sample

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
24-39616	Site: Spring Lake	7/15/2024 10:35 AM	Water	David Knott

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	87 MPN/100ml	07/15/2024
Fecal Coliform	SM 9222 D-2015 MF	135 Colonies/100mL	07/15/2024
E. Coli	SM 9223B-MW	83 MPN/100ml	07/15/2024
Total Coliform	SM 9223B-MW	>4840 MPN/100ml	07/15/2024

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
24-39617	Site: Tate Lake	7/15/2024 10:45 AM	Water	David Knott

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	30 MPN/100ml	07/15/2024
Fecal Coliform	SM 9222 D-2015 MF	19 Colonies/100mL	07/15/2024
E. Coli	SM 9223B-MW	15 MPN/100ml	07/15/2024
Total Coliform	SM 9223B-MW	614 MPN/100ml	07/15/2024

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
24-39618	Site: Seminole Lake	7/15/2024 10:53 AM	Water	David Knott

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	5 MPN/100ml	07/15/2024
Fecal Coliform	SM 9222 D-2015 MF	41 Colonies/100mL	07/15/2024
E. Coli	SM 9223B-MW	25 MPN/100ml	07/15/2024
Total Coliform	SM 9223B-MW	1300 MPN/100ml	07/15/2024



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Attention:

**Date of Report:** Jul 18, 2024  
**Customer PO #:**  
**Customer ID:** 08100287  
**Report #:** 2024-16038  
**Project ID:** Lake Sample

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
24-39619	Site: Mirror Lake	7/15/2024 10:25 AM	Water	David Knott

  

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	10 MPN/100ml	07/15/2024
Fecal Coliform	SM 9222 D-2015 MF	150 Colonies/100mL	07/15/2024
E. Coli	SM 9223B-MW	60 MPN/100ml	07/15/2024
Total Coliform	SM 9223B-MW	1733 MPN/100ml	07/15/2024

Comment:

Reviewed by: Maide Aljar

**Sample Receipt Checklist**

Client: City of Boiling Springs Lake Date: 7/15/24 Report Number: 24-16038

Receipt of sample:		Echem Pick up <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>4.0</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 192511657			IR Gun Correction Factor °C: 0.0			
<input 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 checked="" 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 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):      H<sub>2</sub>SO<sub>4</sub>      HNO<sub>3</sub>      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:**

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DOC.QA.002 Rev 1



Analytical & Consulting Chemists

# ENVIRONMENTAL CHEMISTS, INC

NCDENR: DWQ CERTIFICATION # 94 NCDHHS: DLS CERTIFICATION # 37729

6602 Windmill Way Wilmington, NC 28405  
OFFICE: 910-392-0223 FAX 910-392-4424  
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## COLLECTION AND CHAIN OF CUSTODY

Client: City of Boiling Spring Lakes	PROJECT NAME:	REPORT NO: 24-14038
ADDRESS:	CONTACT NAME:	PO NO:
	REPORT TO:	PHONE/FAX:
	COPY TO:	email:

Sampled By: JK 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	7-15-24	1035		C	P				391616								E.Coli, Enteroc, Fecal, Total Coliform
Tate Lake		1045		C	P				391617								E.Coli, Enteroc, Fecal, Total Coliform
Seminole Lake		1053		C	P				391618								E.Coli, Enteroc, Fecal, Total Coliform
Mirror Lake		1025		C	P				391619								E.Coli, Enteroc, Fecal, Total Coliform
				C	P												
				C	P												
				C	P												
				C	P												
				C	P												
				C	P												
				C	P												

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

Transfer	Relinquished By:	Date/Time	Received By:	Date/Time
1.			<u>David Blanketh</u>	7-15-24
2.				

Temperature when Received °C: 4 Accepted: [Signature] Rejected: [Signature] Resample Requested: \_\_\_\_\_  
 Delivered By: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: 7-15-24 Time: 230  
 Comments: \_\_\_\_\_ TURNAROUND: \_\_\_\_\_