



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: May 24, 2024
Customer PO #:
Customer ID: 08100287
Report #: 2024-10848
Project ID: Lake Sample

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
24-26274	Site: Spring Lake	5/9/2024 1:22 PM	Water	Mike Miracle

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	14 MPN/100ml	05/09/2024
Fecal Coliform	SM 9222 D-2015 MF	17 Colonies/100mL	05/09/2024
E. Coli	SM 9223B-MW	21 MPN/100ml	05/09/2024
Total Coliform	SM 9223B-MW	>4840 MPN/100ml	05/09/2024

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
24-26275	Site: Tate Lake	5/9/2024 1:07 PM	Water	Mike Miracle

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	43 MPN/100ml	05/09/2024
Fecal Coliform	SM 9222 D-2015 MF	23 Colonies/100mL	05/09/2024
E. Coli	SM 9223B-MW	59 MPN/100ml	05/09/2024
Total Coliform	SM 9223B-MW	1414 MPN/100ml	05/09/2024

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
24-26276	Site: Seminole Lake	5/9/2024 1:00 PM	Water	Mike Miracle

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	6 MPN/100ml	05/09/2024
Fecal Coliform	SM 9222 D-2015 MF	<5 Colonies/100mL	05/09/2024
E. Coli	SM 9223B-MW	9 MPN/100ml	05/09/2024
Total Coliform	SM 9223B-MW	2420 MPN/100ml	05/09/2024



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Attention:

Date of Report: May 24, 2024
Customer PO #:
Customer ID: 08100287
Report #: 2024-10848
Project ID: Lake Sample

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
24-26277	Site: Mirror Lake	5/9/2024 12:54 PM	Water	Mike Miracle

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	26 MPN/100ml	05/09/2024
Fecal Coliform	SM 9222 D-2015 MF	19 Colonies/100mL	05/09/2024
E. Coli	SM 9223B-MW	66 MPN/100ml	05/09/2024
Total Coliform	SM 9223B-MW	1120 MPN/100ml	05/09/2024

Comment:

Reviewed by: *Mike Miracle*

Sample Receipt Checklist

Client: City of Bowling Lake Date: 5/9/24 Report Number: 2024-10848

Receipt of sample:		ECHM 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>4.2</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: 230222540		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 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:



Analytical & Consulting Chemists

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

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COLLECTION AND CHAIN OF CUSTODY

Client: City of Boiling Spring Lakes	PROJECT NAME:	REPORT NO: 24-10848
ADDRESS:	CONTACT NAME:	PO NO:
	REPORT TO:	PHONE/FAX:
	COPY TO:	email:

Sampled By: Mike Mack 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	5-9-24	1322		C	P				10274								E.Coli, Entero, Fecal, Total Coliform
Tate Lake		1307		C	P				75								E.Coli, Entero, Fecal, Total Coliform
Seminole Lake		1300		C	P				76								E.Coli, Entero, Fecal, Total Coliform
Mirror Lake		1254		C	P				77								E.Coli, Entero, Fecal, Total Coliform
				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.				
2.				

Temperature when Received °C: 42 Accepted: Rejected:

Delivered By: _____ Received By: _____ Resample Requested: _____

Comments: _____ Date: 5-9-24 Time: 1400

TURNAROUND: _____