



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: Sep 16, 2024
Customer PO #:
Customer ID: 08100287
Report #: 2024-20848
Project ID: Lake Sample

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
24-51337	Site: Spring Lake	9/9/2024 11:15 AM	Water	David Knott

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	977 MPN/100ml	09/09/2024
Fecal Coliform	SM 9222 D-2015 MF	28 Colonies/100mL	09/11/2024
E. Coli	SM 9223B-MW	>2420 MPN/100ml	09/09/2024
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	09/09/2024

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
24-51338	Site: Tate Lake	9/9/2024 11:30 AM	Water	David Knott

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	2 MPN/100ml	09/09/2024
Fecal Coliform	SM 9222 D-2015 MF	10 Colonies/100mL	09/11/2024
E. Coli	SM 9223B-MW	6 MPN/100ml	09/09/2024
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	09/09/2024

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
24-51339	Site: Seminole Lake	9/9/2024 11:43 AM	Water	David Knott

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	11 MPN/100ml	09/09/2024
Fecal Coliform	SM 9222 D-2015 MF	95 Colonies/100mL	09/11/2024
E. Coli	SM 9223B-MW	70 MPN/100ml	09/09/2024
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	09/09/2024



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Date of Report: Sep 16, 2024
Customer PO #:
Customer ID: 08100287
Report #: 2024-20848
Project ID: Lake Sample

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
24-51340	Site: Mirror Lake	9/9/2024 11:50 AM	Water	David Knott

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	11 MPN/100ml	09/09/2024
Fecal Coliform	SM 9222 D-2015 MF	7000 Colonies/100mL	09/11/2024
E. Coli	SM 9223B-MW	21 MPN/100ml	09/09/2024
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	09/09/2024

Comment: Fecal Coliform- Analyzed outside of hold time.

Reviewed by: *David Knott*

City of

Sample Receipt Checklist

Client: Boiling Springs Date: 9/9/24 Report Number: 24-20848

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): 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

ENVIRONMENTAL CHEMISTS, INC

NC DENR: 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: 24-20848
ADDRESS:	CONTACT NAME:	PO NO:
	REPORT TO:	PHONE/FAX:
	COPY TO:	email:

Sampled By: SK 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	9-28-11	1115		C	P				51337								E. Coli, Entero, Fecal, Total Coliform
Tate Lake		1130		C	P				51338								E. Coli, Entero, Fecal, Total Coliform
Seminole Lake		1143		C	P				51339								E. Coli, Entero, Fecal, Total Coliform
Mirror Lake		1150		C	P				51340								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.			David Dornett	9-28-11
2.				

Temperature when Received °C: 4 Accepted: Rejected:

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

Comments: _____ Date: 9-28-11 Time: 330

TURNAROUND: _____