



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: Aug 13, 2024
Customer PO #:
Customer ID: 08100287
Report #: 2024-18391
Project ID: Lake Sample

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
24-45312	Site: Spring Lake	8/9/2024 11:46 AM	Water	David Knott

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	55 MPN/100ml	08/09/2024
Fecal Coliform	SM 9222 D-2015 MF	1050 Colonies/100mL	08/09/2024
E. Coli	SM 9223B-MW	299 MPN/100ml	08/09/2024
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	08/09/2024

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
24-45313	Site: Tate Lake	8/9/2024 11:10 AM	Water	David Knott

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	28 MPN/100ml	08/09/2024
Fecal Coliform	SM 9222 D-2015 MF	1300 Colonies/100mL	08/09/2024
E. Coli	SM 9223B-MW	326 MPN/100ml	08/09/2024
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	08/09/2024

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
24-45314	Site: Seminole Lake	8/9/2024 11:20 AM	Water	David Knott

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	9 MPN/100ml	08/09/2024
Fecal Coliform	SM 9222 D-2015 MF	120 Colonies/100mL	08/09/2024
E. Coli	SM 9223B-MW	96 MPN/100ml	08/09/2024
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	08/09/2024



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

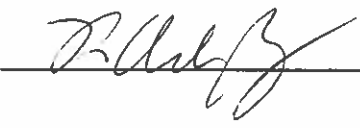
City of Boiling Spring Lakes
9 East Boiling Spring Road
Boiling Spring Lake NC 28461
Attention:

Date of Report: Aug 13, 2024
Customer PO #:
Customer ID: 08100287
Report #: 2024-18391
Project ID: Lake Sample

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
24-45315	Site: Mirror Lake	8/9/2024 11:30 AM	Water	David Knott

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	28 MPN/100ml	08/09/2024
Fecal Coliform	SM 9222 D-2015 MF	1050 Colonies/100mL	08/09/2024
E. Coli	SM 9223B-MW	510 MPN/100ml	08/09/2024
Total Coliform	SM 9223B-MW	>4840 MPN/100ml	08/09/2024

Comment:

Reviewed by: 

Sample Receipt Checklist

Client: City Boiling Springs Lakes Date: 8/9/24 Report Number: 24-1839/

Receipt of sample:		<input checked="" type="checkbox"/> Echem Pick up	<input type="checkbox"/> Client Delivery	<input type="checkbox"/> UPS	<input type="checkbox"/> FedEx	<input type="checkbox"/> Other
<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</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 HClNaOH

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:
