



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 19, 2024
Customer PO #:
Customer ID: 08100287
Report #: 2024-18812
Project ID: Lake Sample

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
24-46354	Site: Spring Lake	8/14/2024 1:40 PM	Water	Eric McHorney

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	74 MPN/100ml	08/14/2024
Fecal Coliform	SM 9222 D-2015 MF	410 Colonies/100mL	08/14/2024
E. Coli	SM 9223B-MW	161 MPN/100ml	08/14/2024
Total Coliform	SM 9223B-MW	>4840 MPN/100ml	08/14/2024

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
24-46355	Site: Tate Lake	8/14/2024 2:00 PM	Water	Eric McHorney

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	1 MPN/100ml	08/14/2024
Fecal Coliform	SM 9222 D-2015 MF	310 Colonies/100mL	08/14/2024
E. Coli	SM 9223B-MW	22 MPN/100ml	08/14/2024
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	08/14/2024

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
24-46356	Site: Seminole Lake	8/14/2024 2:10 PM	Water	Eric McHorney

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	6 MPN/100ml	08/14/2024
Fecal Coliform	SM 9222 D-2015 MF	91 Colonies/100mL	08/14/2024
E. Coli	SM 9223B-MW	71 MPN/100ml	08/14/2024
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	08/14/2024



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 19, 2024
Customer PO #:
Customer ID: 08100287
Report #: 2024-18812
Project ID: Lake Sample

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
24-46357	Site: Mirror Lake	8/14/2024 2:15 PM	Water	Eric McHorney

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	46 MPN/100ml	08/14/2024
Fecal Coliform	SM 9222 D-2015 MF	1270 Colonies/100mL	08/14/2024
E. Coli	SM 9223B-MW	154 MPN/100ml	08/14/2024
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	08/14/2024

Comment:

Reviewed by: Naide Ojeda

Sample Receipt Checklist

Client: Bolling Spring LAKES Date: 8/14/24 Report Number: 2024-18812

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>7.5</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?				
<p>* 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.</p>						
<p>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</p>						
<p>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: _____</p>						
<p>Volatiles Sample(s) _____ were received with headspace</p>						

COMMENTS:



Analytical & Consulting Chemists

ENVIRONMENTAL CHEMISTS, INC

NC DENR: DWQ CERTIFICATION # 94 NCDHHS: DLS CERTIFICATION # 37729

6602 Windmill Way Wilmington, NC 28405
OFFICE: 910-392-0223 FAX 910-392-4424
info@environmentalchemists.com

COLLECTION AND CHAIN OF CUSTODY

Client: City of Bo. / Ings Spring Lakes PROJECT NAME: Lake Samples REPORT NO: 24-18812

ADDRESS: _____ SITE: _____ PO NO: _____

Report to: _____ PHONE/FAX: _____

COPY TO: _____ email: _____

Sampled By: Suzie McHorney 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	8/14/04	1:40 AM		G	P				46354								E. Coli, Entero, Fecal, Total
Tate Lake		8:00 AM		G	P				46355								
Seminole Lake		2:10 AM		G	G				46356								
Mirror Lake		2:15 PM		G	P				46357								
				G	G												
				C	P												
				G	G												
				C	P												
				G	G												
				C	P												
				G	G												

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

1. _____

2. _____

Temperature when Received °C: 3.5 Accepted: Rejected: _____ Resample Requested: _____

Delivered By: [Signature] Received By: [Signature] Date: 8/14/04 Time: 3:00 PM

Comments: TURNAROUND: _____