



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 27, 2021
Customer PO #:
Customer ID: 08100287
Report #: 2021-12277
Project ID: Lake Sample

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
21-30628	Site: Spring Lake	7/22/2021 10:30 AM	Water	Cindy McDonald

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	2 MPN/100ml	07/22/2021
Fecal Coliform	SM 9222 D-2015 MF	228 Colonies/100mL	07/22/2021
E. Coli	SM 9223B-MW	291 MPN/100ml	07/22/2021
Total Coliform	SM 9223B-MW	1987 MPN/100ml	07/22/2021

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
21-30629	Site: Tate Lake	7/22/2021 10:20 AM	Water	Cindy McDonald

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	10 MPN/100ml	07/22/2021
Fecal Coliform	SM 9222 D-2015 MF	155 Colonies/100mL	07/22/2021
E. Coli	SM 9223B-MW	41 MPN/100ml	07/22/2021
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	07/22/2021

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
21-30630	Site: Seminole Lake	7/22/2021 10:15 AM	Water	Cindy McDonald

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	6 MPN/100ml	07/22/2021
Fecal Coliform	SM 9222 D-2015 MF	455 Colonies/100mL	07/22/2021
E. Coli	SM 9223B-MW	99 MPN/100ml	07/22/2021
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	07/22/2021



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Report #: 2021-12277
Project ID: Lake Sample

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
21-30631	Site: Mirror Lake	7/22/2021 10:10 AM	Water	Cindy McDonald

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	188 MPN/100ml	07/22/2021
Fecal Coliform	SM 9222 D-2015 MF	4000 Colonies/100mL	07/22/2021
E. Coli	SM 9223B-MW	186 MPN/100ml	07/22/2021
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	07/22/2021

Comment:

Reviewed by: Heidi Ojias

Sample Receipt Checklist

Client: City of Boiling Springs Lakes Date: 7/22/21 Report Number: 2021-12277

Receipt of sample:		ECHEM 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>4.3</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 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?				

* 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:



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Analytical & Consulting Chemists

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

COLLECTION AND CHAIN OF CUSTODY

Client: **Boiling Spring Lakes** PROJECT NAME: _____

ADDRESS: _____ CONTACT NAME: _____

REPORT TO: _____ PO NO: **2021-12277**

COPY TO: _____ email: _____

PHONE/FAX: _____

Sampled By: *Paula McDowell*

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	7/19/21	10:30		C	P				30620								E. Coli, Entero, Fecal, Total Coliform
Tate Lake		10:30		C	P				30621								E. Coli, Entero, Fecal, Total Coliform
Seminole Lake		10:15		C	P				30630								E. Coli, Entero, Fecal, Total Coliform
Mirror Lake		10:10		C	P				30631								E. Coli, Entero, Fecal, Total Coliform
				C	P												
				C	P												
				C	P												
				C	P												
				C	P												
				C	P												
				C	P												
				C	P												

NOTICE - DECONTAMINATION: 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

1. Relinquished By: _____ Date/Time: _____ Received By: _____ Date/Time: _____

2. Temperature when Received °C: **4.3** Accepted: Rejected: Resample Requested:

Delivered By: *ec* Received By: *ec* Date: **7/22/21** Name: **TURNAROUND**

Comments: **TURNAROUND: 12:50P**