



# 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 12, 2021  
**Customer PO #:**  
**Customer ID:** 08100287  
**Report #:** 2021-13435  
**Project ID:** Lake Sample

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
21-33603	Site: Spring Lake	8/9/2021 11:45 AM	Water	Mike Miracle

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	10 MPN/100ml	08/09/2021
Fecal Coliform	SM 9222D MF	225 Colonies/100mL	08/09/2021
E. Coli	SM 9223B-MW	157 MPN/100ml	08/09/2021
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	08/09/2021

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
21-33604	Site: Tate Lake	8/9/2021 11:56 AM	Water	Mike Miracle

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	<1 MPN/100ml	08/09/2021
Fecal Coliform	SM 9222D MF	190 Colonies/100mL	08/09/2021
E. Coli	SM 9223B-MW	167 MPN/100ml	08/09/2021
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	08/09/2021

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
21-33605	Site: Seminole Lake	8/9/2021 12:03 PM	Water	Mike Miracle

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	1 MPN/100ml	08/09/2021
Fecal Coliform	SM 9222D MF	64 Colonies/100mL	08/09/2021
E. Coli	SM 9223B-MW	53 MPN/100ml	08/09/2021
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	08/09/2021



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

**Date of Report:** Aug 12, 2021  
**Customer PO #:**  
**Customer ID:** 08100287  
**Report #:** 2021-13435  
**Project ID:** Lake Sample

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
21-33606	Site: Mirror Lake	8/9/2021 12:10 PM	Water	Mike Miracle

  

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	1 MPN/100ml	08/09/2021
Fecal Coliform	SM 9222D MF	120 Colonies/100mL	08/09/2021
E. Coli	SM 9223B-MW	19 MPN/100ml	08/09/2021
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	08/09/2021

Comment:

Reviewed by: 

Sample Receipt Checklist

Client: CITY OF BOILING SPRING LAKE Date: 8/9/21 Report Number: 21-13435

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>3.2</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 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 type="checkbox"/> YES	<input type="checkbox"/> NO	5. Were sample ID's listed on the COC?					
<input type="checkbox"/> YES	<input type="checkbox"/> NO	6. Were samples ID's listed on sample containers?					
<input type="checkbox"/> YES	<input type="checkbox"/> NO	7. Were collection date and time listed on the COC?					
<input type="checkbox"/> YES	<input type="checkbox"/> NO	8. Were tests to be performed listed on the COC?					
<input type="checkbox"/> YES	<input type="checkbox"/> NO	9. Did samples arrive in proper containers for each test?					
<input type="checkbox"/> YES	<input type="checkbox"/> NO	10. Did samples arrive in good condition for each test?					
<input 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): H<sub>2</sub>SO<sub>4</sub> HNO<sub>3</sub> 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

COLLECTION AND CHAIN OF CUSTODY

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

Client: Boiling Springs

PROJECT NAME:

REPORT NO:

ADDRESS:

CONTACT NAME:

PO NO:

Sampled By: Mike Hurdle

REPORT TO:

PHONE/FAX:

Sample Identification

COPY TO:

email:

Collection

Date

Time

Temp

Sample Type

Composite or Grab

Container (P or G)

Chlorine mg/L

pH of bottle

LAB ID NUMBER

DATE RECEIVED

RESERVATION

OTHER

ANALYSIS REQUESTED

SPRING

8/9/21

1145

C

P

33603

NONE

HCL

H2SO4

HNO3

NAOH

THIO

FILTERED

OTHER

TAKE

1156

C

P

33604

Seminole

12-03

C

P

33605

MURKIN

12-10

C

P

33606

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

Temperature when Received °C:

32.1

Accepted:

Rejected:

Resample Requested:

Date/Time

Delivered By:

ec

Received By:

[Signature]

Date:

8-9-21

Time:

2:00p.

Comments:

TURNAROUND:

Feces, BWT, Soil, Total

