



Environmental Chemists, Inc.

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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 13, 2021
Customer PO #:
Customer ID: 08100287
Report #: 2021-10921
Project ID:

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
21-27177	Site: Spring Lake	7/2/2021 11:45 AM	Water	Cindy McDonald

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	<10 MPN/100ml	07/02/2021
Fecal Coliform	SM 9222 D-2006 MF	94 Colonies/100mL	07/02/2021
E. Coli	SM 9223B-MW	114 MPN/100ml	07/02/2021
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	07/02/2021

Comment:

Reviewed by: 

Sample Receipt Checklist

Client: CITY OF BOILING SP. LAKES Date: 7/2/21 Report Number: 21-10921

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>1.7</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): 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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NC DENR: DWQ CERTIFICATION # 94 NCDHHS: DLS CERTIFICATION # 37729

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COLLECTION AND CHAIN OF CUSTODY

Client: Boiling Springs PROJECT NAME: _____ REPORT NO: _____

ADDRESS: _____ CONTACT NAME: _____ PO NO: 21-10921

REPORT TO: _____ REPORT NO: _____ PHONE/FAX: _____

COPY TO: _____ email: _____

Sampled By: Chadly McFarland SAMPLE TYPE: I = Influent, E = Effluent, W = Well, ST = Stream, SO = Soil, SL = Sludge, Other: _____

Sample Identification	Date	Time	Temp	Sample Type	Composite or Grab	Container (P or G)	Chlorine mg/L	pH of bottle	LAB ID NUMBER	PRESERVATION							ANALYSIS REQUESTED	
										NONE	HCL	H2SO4	HNO3	NAOH	THIO	FILTERED		OTHER
<u>Spring</u>	<u>7/21</u>	<u>11:45</u>			C	P			<u>21177</u>						X			<u>ent, total</u>
					G	G												<u>Feces, E. coli</u>
					C	P												
					G	G												
					C	P												
					G	G												
					C	P												
					G	G												
					C	P												
					G	G												

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

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

2. Temperature when Received °C: 17 Accepted: [Signature] Rejected: _____

Delivered By: [Signature] Received By: _____ Resample Requested: _____

Comments: _____ Date: 7/21 Time: 2:10

TURNAROUND: _____