



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:

Revised Report: May 09, 2023
Original Report Date: May 04, 2023
Report #: 2023-08490
Customer ID: 08100287
Project ID: Lake Sample

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
23-21377	Site: Spring Lake	5/1/2023 11:09 AM	Water	Zack Wakefield

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	3 MPN/100ml	05/01/2023
Fecal Coliform	SM 9222 D-2015 MF	19 Colonies/100mL	05/01/2023
E. Coli	SM 9223B-MW	36 MPN/100ml	05/01/2023
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	05/01/2023

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
23-21378	Site: Tate Lake	5/1/2023 11:24 AM	Water	Zack Wakefield

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	8 MPN/100ml	05/01/2023
Fecal Coliform	SM 9222 D-2015 MF	77 Colonies/100mL	05/01/2023
E. Coli	SM 9223B-MW	66 MPN/100ml	05/01/2023
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	05/01/2023

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
23-21379	Site: Seminole Lake	5/1/2023 11:33 AM	Water	Zack Wakefield

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	16 MPN/100ml	05/01/2023
Fecal Coliform	SM 9222 D-2015 MF	135 Colonies/100mL	05/01/2023
E. Coli	SM 9223B-MW	116 MPN/100ml	05/01/2023
Total Coliform	SM 9223B-MW	1204 MPN/100ml	05/01/2023

E-MAILED MAY 05 2023



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Attention:

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Original Report Date: May 04, 2023

Report #: 2023-08490

Customer ID: 08100287

Project ID: Lake Sample

Lab ID	Sample ID:	Collect Date/Time		Matrix	Sampled by
23-21380	Site: Mirror Lake	5/1/2023	11:40 AM	Water	Zack Wakefield
Test		Method	Results		Date Analyzed
Enterococci		Enterolert IDEXX	1 MPN/100ml		05/01/2023
Fecal Coliform		SM 9222 D-2015 MF	28 Colonies/100mL		05/01/2023
E. Coli		SM 9223B-MW	44 MPN/100ml		05/01/2023
Total Coliform		SM 9223B-MW	>2420 MPN/100ml		05/01/2023

Comment: Revised to amend client name and address.

Reviewed by: _____

Sammy Duran

Sample Receipt Checklist

Client: BOILING SPRINGS, T Date: 5/1/23 Report Number: 2023-08490

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>4.2</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 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 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 NH ₃ /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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NCDENR: DWQ CERTIFICATION # 94 NCDHHS: DLS CERTIFICATION # 37729

COLLECTION AND CHAIN OF CUSTODY

Client: Boiling Spring Lakes	PROJECT NAME:	REPORT NO: 23-08490
ADDRESS:	CONTACT NAME:	PO NO:
	REPORT TO:	PHONE/FAX:
	COPY TO:	email:

Sampled By: Zach Walford

[illegible]

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
1.				
2.				

Temperature when Received °C: 4.2 Accepted: ✓ Rejected: ✓ Resample Requested: ✓

Delivered By: 26 Received By: 26 Date: 5-1-23 Time: 3:32

Comments: _____

TURNAROUND: _____