



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: Jun 16, 2026
Customer PO #:
Customer ID: 08100287
Report #: 2026-12334
Project ID: Lake Sample

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
26-30519	Site: Spring Lake	6/8/2026 11:40 AM	Water	Mike Miracle

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	23 MPN/100ml	06/08/2026
Fecal Coliform	SM 9222 D-2015 MF	46 Colonies/100mL	06/08/2026
E. Coli	SM 9223B-MW	82 MPN/100ml	06/08/2026
Total Coliform	SM 9223B-MW	2420 MPN/100ml	06/08/2026

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
26-30520	Site: Tate Lake	6/8/2026 11:55 AM	Water	Mike Miracle

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	<1 MPN/100ml	06/08/2026
Fecal Coliform	SM 9222 D-2015 MF	163 Colonies/100mL	06/08/2026
E. Coli	SM 9223B-MW	27 MPN/100ml	06/08/2026
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	06/08/2026

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
26-30521	Site: Seminole Lake	6/8/2026 12:04 PM	Water	Mike Miracle

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	<1 MPN/100ml	06/08/2026
Fecal Coliform	SM 9222 D-2015 MF	28 Colonies/100mL	06/08/2026
E. Coli	SM 9223B-MW	15 MPN/100ml	06/08/2026
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	06/08/2026



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Attention:

Date of Report: Jun 16, 2026
Customer PO #:
Customer ID: 08100287
Report #: 2026-12334
Project ID: Lake Sample

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
26-30522	Site: Mirror Lake	6/8/2026 12:10 PM	Water	Mike Miracle

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	<1 MPN/100ml	06/08/2026
Fecal Coliform	SM 9222 D-2015 MF	19 Colonies/100mL	06/08/2026
E. Coli	SM 9223B-MW	25 MPN/100ml	06/08/2026
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	06/08/2026

Comment:

Reviewed by: Jammy Duran

TO 6/16/26
City ~~Town~~ of

Sample Receipt Checklist

Client: Boiling Spring Lakes Date: 6/8/26 Report Number: 2026 - 12334

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>14.4</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: 250289912			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 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:



Analytical & Consulting Chemists

ENVIRONMENTAL CHEMISTS, INC

NCDENR: 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: **Boiling Spring Lakes** PROJECT NAME: _____ REPORT NO: **26-12334**

ADDRESS: _____ CONTACT NAME: _____ PO NO: _____

REPORT TO: _____ REPORT TO: _____ PHONE/FAX: _____

COPY TO: _____ email: _____

Sampled By: **Mike Mirach** 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	6-8-24	1145		G	P				20519								E.Coli, Entero, Fecal, Total Coliform
Tate Lake		1155		G	P				20								E.Coli, Entero, Fecal, Total Coliform
Seminole Lake		1204		G	P				21								E.Coli, Entero, Fecal, Total Coliform
Mirror Lake		1210		G	P				22								E.Coli, Entero, Fecal, Total Coliform
				C	P												
				G	G												
				C	P												
				G	G												
				C	P												
				G	G												
				C	P												
				G	G												

NOTICE - DECHLORINATION: Samples for Ammonia, TKN, Cyanide, Prenal 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. Temperature when Received °C: **4.4** Accepted: Rejected: Resample Requested: _____

Delivered By: _____ Received By: **[Signature]** Date: **6-8-24** Time: **1430**

Comments: **TURNAROUND:** _____