



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: May 07, 2026
Customer PO #:
Customer ID: 08100287
Report #: 2026-09368
Project ID: Lake Sample

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
26-23381	Site: Spring Lake	5/4/2026 9:30 AM	Water	Reece Warfel

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	2 MPN/100ml	05/04/2026
Fecal Coliform	SM 9222 D-2015 MF	5 Colonies/100mL	05/04/2026
E. Coli	SM 9223B-MW	18 MPN/100ml	05/04/2026
Total Coliform	SM 9223B-MW	>4840 MPN/100ml	05/04/2026

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
26-23382	Site: Tate Lake	5/4/2026 9:50 AM	Water	Reece Warfel

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	3 MPN/100ml	05/04/2026
Fecal Coliform	SM 9222 D-2015 MF	9 Colonies/100mL	05/04/2026
E. Coli	SM 9223B-MW	6 MPN/100ml	05/04/2026
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	05/04/2026

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
26-23383	Site: Seminole Lake	5/4/2026 10:00 AM	Water	Reece Warfel

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	3 MPN/100ml	05/04/2026
Fecal Coliform	SM 9222 D-2015 MF	30 Colonies/100mL	05/04/2026
E. Coli	SM 9223B-MW	31 MPN/100ml	05/04/2026
Total Coliform	SM 9223B-MW	380 MPN/100ml	05/04/2026



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Report #: 2026-09368
Project ID: Lake Sample

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
26-23384	Site: Mirror Lake	5/4/2026 10:10 AM	Water	Reece Warfel

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	5 MPN/100ml	05/04/2026
Fecal Coliform	SM 9222 D-2015 MF	28 Colonies/100mL	05/04/2026
E. Coli	SM 9223B-MW	44 MPN/100ml	05/04/2026
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	05/04/2026

Comment:

Reviewed by:

Maide Diaz

Sample Receipt Checklist

Client: City Boiling Springs Lakes Date: 5/4/26 Report Number: 2026 - 09368

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>37</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 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:



Analytical & Consulting Chemists

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

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COLLECTION AND CHAIN OF CUSTODY

Client: City of Boiling Spring Lakes	PROJECT NAME:	REPORT NO: 26-09368
ADDRESS:	CONTACT NAME:	PO NO:
	REPORT TO:	PHONE/FAX:
	COPY TO:	email:

Sampled By: TSV 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	5/4/26	930		C	P				23381								E.Coli, Entero, Fecal, Total Coliform
Tate Lake		950		C	P				23382								E.Coli, Entero, Fecal, Total Coliform
Seminole Lake		1000		C	P				23383								E.Coli, Entero, Fecal, Total Coliform
Mirror Lake		1010		C	P				23384								E.Coli, Entero, Fecal, Total Coliform
				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

Transfer Relinquished By: _____ Date/Time: _____ Received By: _____ Date/Time: _____

1. Temperature when Received °C: 3.2 Accepted: TSV Rejected: TSV Resample Requested: _____
 Delivered By: _____ Received By: _____ Date: 5/4/26 Time: 145

Comments: TURNAROUND: