



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: Sep 10, 2025
Customer PO #:
Customer ID: 08100287
Report #: 2025-19705
Project ID: Lake Sample

Lab ID	Sample ID:	Collect Date/Time		Matrix	Sampled by
25-51455	Site: Spring Lake	9/8/2025	1:57 PM	Water	Mike Miracle

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	8 MPN/100ml	09/08/2025
Fecal Coliform	SM 9222 D-2015 MF	19 Colonies/100mL	09/08/2025
E. Coli	SM 9223B-MW	17 MPN/100ml	09/08/2025
Total Coliform	SM 9223B-MW	4153 MPN/100ml	09/08/2025

Lab ID	Sample ID:	Collect Date/Time		Matrix	Sampled by
25-51456	Site: Tate Lake	9/8/2025	1:44 PM	Water	Mike Miracle

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	3 MPN/100ml	09/08/2025
Fecal Coliform	SM 9222 D-2015 MF	<10 Colonies/100mL	09/08/2025
E. Coli	SM 9223B-MW	6 MPN/100ml	09/08/2025
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	09/08/2025

Lab ID	Sample ID:	Collect Date/Time		Matrix	Sampled by
25-51457	Site: Seminole Lake	9/8/2025	1:38 PM	Water	Mike Miracle

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	7 MPN/100ml	09/08/2025
Fecal Coliform	SM 9222 D-2015 MF	280 Colonies/100mL	09/08/2025
E. Coli	SM 9223B-MW	152 MPN/100ml	09/08/2025
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	09/08/2025



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Date of Report: Sep 10, 2025
Customer PO #:
Customer ID: 08100287
Report #: 2025-19705
Project ID: Lake Sample

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
25-51458	Site: Mirror Lake	9/8/2025 1:35 PM	Water	Mike Miracle
Test	Method	Results	Date Analyzed	
Enterococci	Enterolert IDEXX	3 MPN/100ml	09/08/2025	
Fecal Coliform	SM 9222 D-2015 MF	19 Colonies/100mL	09/08/2025	
E. Coli	SM 9223B-MW	6 MPN/100ml	09/08/2025	
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	09/08/2025	

Comment:

Reviewed by:

Flavio Rojas

Sample Receipt Checklist

Client: City of Boiling Springs Lakes Date: 9/18/25 Report Number: 2025 - 19705

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>4.0</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 checked="" 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.

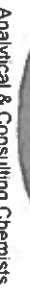
** Bacteria samples are checked for Chlorine at time of analysis and recorded on the benchsheet.

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:



INCREDIB. PAID CERTIFICATION #01 INCREDIB. PAID CERTIFICATION #01

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910-392-4424 info@seawindmillshawaii.com

COLLECTION AND CHAIN OF CUSTODY

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

Temperature when Received °C: 40 Accepted: / Rejected: _____ Resample Requested: _____
Delivered By: _____ Received By: R. S. Mace Date: 9/8/25 Time: 1530
Comments: _____ TURNAROUND: _____