



Environmental Chemists, Inc.

6602 Windmill Way, Wilmington, NC 28405 • 910.392.0223 Lab • 910.392.4424 Fax
710 Bowserstown 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: Jul 24, 2023

Customer PO #:

Customer ID: 08100287

Report #: 2023-13685

Project ID: Lake Sample

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
23-34074	Site: Spring Lake	7/3/2023 12:17 PM	Water	Zack Wakefield

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	<1 MPN/100ml	07/03/2023 ✓
Fecal Coliform	SM 9222 D-2015 MF	32 Colonies/100mL	07/03/2023
E. Coli	SM 9223B-MW	9 MPN/100ml	07/03/2023 ✓
Total Coliform	SM 9223B-MW	2420 MPN/100ml	07/03/2023

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
23-34075	Site: Tate Lake	7/3/2023 12:06 PM	Water	Zack Wakefield

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	6 MPN/100ml	07/03/2023
Fecal Coliform	SM 9222 D-2015 MF	300 Colonies/100mL	07/03/2023
E. Coli	SM 9223B-MW	614 MPN/100ml	07/03/2023
Total Coliform	SM 9223B-MW	>2420 MPN/100ml	07/03/2023

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
23-34076	Site: Seminole Lake	7/3/2023 12:00 PM	Water	Zack Wakefield

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	<1 MPN/100ml	07/03/2023
Fecal Coliform	SM 9222 D-2015 MF	<5 Colonies/100mL	07/03/2023
E. Coli	SM 9223B-MW	4 MPN/100ml	07/03/2023
Total Coliform	SM 9223B-MW	2420 MPN/100ml	07/03/2023

E-MAILED JUL 24 2023



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Attention:

Date of Report: Jul 24, 2023
Customer PO #:
Customer ID: 08100287
Report #: 2023-13685
Project ID: Lake Sample

Lab ID	Sample ID:	Collect Date/Time		Matrix	Sampled by
23-34077	Site: Mirror Lake	7/3/2023	11:56 AM	Water	Zack Wakefield
Test		Method		Results	Date Analyzed
Enterococci		Enterolert IDEXX		7 MPN/100ml	07/03/2023
Fecal Coliform		SM 9222 D-2015 MF		230 Colonies/100mL	07/03/2023
E. Coli		SM 9223B-MW		162 MPN/100ml	07/03/2023
Total Coliform		SM 9223B-MW		>2420 MPN/100ml	07/03/2023

Comment:

Reviewed by: Bonnie Sand

Sample Receipt Checklist

Client: BOLLING SPRINGS, C Date: 7/3/23 Report Number: 2023-13685

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>✓</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 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?				
<p>* TOC/Volatiles are pH checked at time of analysis and recorded on the benchsheet.</p> <p>** Bacteria samples are checked for Chlorine at time of analysis and recorded on the benchsheet.</p>						
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): H ₂ SO ₄ HNO ₃ 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:



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

Client: Boiling Spring Lakes

PROJECT NAME:

REPORT NO: 23-13685

ADDRESS:

CONTACT NAME:

PO NO:

REPORT TO:

PHONE/FAX:

COPY TO:

email:

Sampled By: Zach Waretfield

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

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:

→	
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Temperature when Received °C:

4

Accepted:

Rejected:

Baseline Period:

Delivered By:

2

Received By:

2

Date: 7-3-72

Date: 7-3-72 Time: 7:05

Comments:

3

1. **Introduction**

7

Date: 1/26/1

1171