



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 13, 2021
Customer PO #:
Customer ID: 08100287
Report #: 2021-07488
Project ID: Lake Sample

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
21-18503	Site: Spring Lake	5/10/2021 12:12 PM	Water	Mike Miracle

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	2 MPN/100ml	05/10/2021
Total Coliform	SM 9222B	1800 Colonies/100mL	05/10/2021
Fecal Coliform	SM 9222D MF	4 Colonies/100mL	05/10/2021
E. Coli	SM 9223B-MW	12 MPN/100ml	05/10/2021

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
21-18504	Site: Tate Lake	5/10/2021 11:54 AM	Water	Mike Miracle

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	<2 MPN/100ml	05/10/2021
Total Coliform	SM 9222B	8000 Colonies/100mL	05/10/2021
Fecal Coliform	SM 9222D MF	2 Colonies/100mL	05/10/2021
E. Coli	SM 9223B-MW	<2 MPN/100ml	05/10/2021

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
21-18505	Site: Seminole Lake	5/10/2021 11:42 AM	Water	Mike Miracle

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	52 MPN/100ml	05/10/2021
Total Coliform	SM 9222B	6000 Colonies/100mL	05/10/2021
Fecal Coliform	SM 9222D MF	200 Colonies/100mL	05/10/2021
E. Coli	SM 9223B-MW	392 MPN/100ml	05/10/2021



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Attention:

Date of Report: May 13, 2021
Customer PO #:
Customer ID: 08100287
Report #: 2021-07488
Project ID: Lake Sample

Lab ID	Sample ID:	Collect Date/Time	Matrix	Sampled by
21-18506	Site: Mirror Lake	5/10/2021 11:36 AM	Water	Mike Miracle

Test	Method	Results	Date Analyzed
Enterococci	Enterolert IDEXX	7 MPN/100ml	05/10/2021
Total Coliform	SM 9222B	1500 Colonies/100mL	05/10/2021
Fecal Coliform	SM 9222D MF	7 Colonies/100mL	05/10/2021
E. Coli	SM 9223B-MW	30 MPN/100ml	05/10/2021

Comment:

Reviewed by: 

Sample Receipt Checklist

Client: CITY OF BOILING SPRING LAKES Date: 5/10/21 Report Number: 21-07488

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>5</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 192511657			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 type="checkbox"/> YES	<input type="checkbox"/> NO	5. Were sample ID's listed on the COC?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	6. Were samples ID's listed on sample containers?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	7. Were collection date and time listed on the COC?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	8. Were tests to be performed listed on the COC?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	9. Did samples arrive in proper containers for each test?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	10. Did samples arrive in good condition for each test?				
<input 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: **Boiling Spring Lakes** PROJECT NAME: **Lake Samples** REPORT NO: **21-07488**

ADDRESS: CONTACT NAME: PO NO:

REPORT TO: PHONE/FAX:

COPY TO: email:

Sampled By: **White Birch** 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	5-10-21	1212		C	G				18503						X		E: Coli, Enteroc, Fecal, Total Coliform
Tate Lake		1154		C	G	P			04						X		E: Coli, Enteroc, Fecal, Total Coliform
Seminole Lake		1142		C	G	B			05						X		E: Coli, Enteroc, Fecal, Total Coliform
Mirror Lake		1136		C	G	B			06						X		E: Coli, Enteroc, Fecal, Total Coliform
				C	G	P											
				C	G	P											
				C	G	P											
				C	G	P											
				C	G	P											

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: **5.0** Accepted: Rejected: Resample Requested: _____

Delivered By: _____ Received By: **444** Date: **5-10-21** Time: **1348**

Comments: _____ TURNDAROUND: _____