

**OHIO EPA
MICROBIOLOGICAL
SAMPLE SUBMISSION REPORT (SSR)**

Central District Office
50 W Town St
Columbus, OH 43215
(614) 728-3778 FAX (614) 728-0160

Northwest District Office
347 North Dunbridge Road
Bowling Green, OH 43402
(419) 352-8461 FAX (419) 352-8468

Southwest District Office
401 East Fifth Street
Dayton, Oh 45402
(937) 285-6357 FAX (937) 285-6249

Northeast District Office
2110 East Aurora Road
Twinsburg, OH 44087
(330) 963-1200 FAX (330) 963-4760

Southeast District Office
2195 Front Street
Logan, OH 43138
(740) 385-8501 FAX (740) 385-6490

PUBLIC WATER SYSTEM INFORMATION:

PWS ID: OH _____
PWS Name: _____
Facility Name: _____
Address: _____
City, State, Zip: _____
County: _____

SAMPLE INFORMATION:

Sample Type: -- Routine -- Repeat
 -- Special -- Confirmation -- Triggered
Sample Monitoring Point: _____
Repeat Sample #: _____ Bottle Number: _____
Sample Collection Date: _____
Sample Collection Time: _____
Sample Collector Name: _____
Sample Collector Phone: _____
Street Address: _____
Sample Tap ID: _____
Chlorine Residual: Total: _____ Free: _____

LABORATORY INFORMATION:

Reporting Lab Name: _____
Reporting Lab Certification #: _____
Lab Receipt Date: _____
Time Received: _____ Received By: _____
Lab Sample Number: _____

Sample Rejection Reason:

- Analysis: --Accepted -- Rejected
 --Exceeds Holding Time --Chlorine Present
 --Lab Accident --Broken in Transit
 --Frozen Sample --Leaked in Transit
 --Insufficient Sample --Sample not analyzed
 --Insufficient sample information

Comments:

MMO-MUG Quanti-Tray/Colisure
Detection Limit = 1

Sample Results:

Analyte	Absent / Negative	Present / Positive	Count	Count Type	Count Unit	Analysis Start Date	Analysis Start Time	Analysis End Date	Analysis End Time	Analytical Lab ID#	Analyst #	Test Method
Total Coliform (3100)	<input type="checkbox"/>	<input type="checkbox"/>		MPN	100mL							SM 9223-B
E. Coli (3014)	<input type="checkbox"/>	<input type="checkbox"/>		MPN	100mL							SM 9223-B

Data Quality Reason:

- Instrument Failure --Requestor Cancelled --Water System Requested
 --Lab Not Certified --Other (Comments) --Lab Error

*PWS ID Number:	Enter the Public Water System Identification (PWS ID) Number assigned by Ohio EPA beginning with "OH"	
*Sample Type:	Compliance samples are scheduled and required. All other samples are special-noncompliance.	
	Routine	Scheduled compliance samples and follow-up temporary routines
	Repeat	Sample required as a follow-up to a positive routine sample. Requires the original positive routine sample number.
	Special	Special purpose samples are for: new mains, new well samples, and special investigations, etc.
	Confirmation	Requires original positive routine sample number.
	Triggered	Raw sample required under the groundwater rule. This sample will generally be reported using Sample Point GWR00X and The STUID for the Water Facility State Code. Triggered sample require the original positive sample number, the same as if it were a repeat sample.
*Sample Monitoring Point:	Enter the Sample Monitoring Point assigned to this sample location, i.e., DS000, EP001, RS002, MR000, GWR001, etc. (These codes can be found in the reference data menu of eDWR).	
Repeat Lab Number:	If the Sample Type is Repeat, Confirmation or Triggered then the Repeat Sample number is required to be reported on this line.	
*Sample Collection Date:	Enter the date (Month/Day/Year) which the sample was taken.	
Sample Collection Time:	Enter the time the sample was taken – HHMM.	
*Sample Collector:	Enter the name of the person who collected the sample.	
*Sample Collector Phone Number (Numbers Only):	Enter the phone number of the person who collected the sample. 10 digits with no spaces, dashes or parenthesis.	
Collection Street Address:	Enter the street address where the sample was taken.	
Sample Tap ID:	Enter a description of the tap where the sample was taken, example: women's restroom, or kitchen hand sink.	
Total Chlorine Residual:	Enter the total chlorine residual present when the coliform sample is collected if chlorine is added to maintain a residual in the distribution system (mg/L)	
Free Chlorine Residual:	Enter the free chlorine residual present when the coliform sample is collected if chlorine is added to maintain a residual in the distribution system (mg/L).	
Lab Receipt Date:	Enter the date (Month/Day/Year) which sample was received at the lab.	
*Lab Sample Number:	Enter the sample number issued by the reporting lab. Sample numbers are limited to 10 digits. The exact same sample number cannot appear from the same lab on more than one report in one calendar year.	
Sample Rejection Reason:	Select the reason the entire sample was rejected for analysis. Leave Blank if sample was analyzed.	
Comments:	Include any additional information to further describe Data Quality Results or any other pertinent information about sample results.	
*Analyte:	All samples must have a Total Coliform result. If the sample is TC positive, then the E. Coli result is required on the next line.	
Microbe Presence Indicator:	Select Absence or Presence as appropriate.	
Analysis State Date:	Enter the date that incubation was started.	
Analysis Start Time:	Enter the time that incubation was started.	
*Analysis End Date:	Enter the date the analysis was completed.	
Analysis End Time:	Enter the time the analysis was completed.	
Analytical Lab ID#:	Enter the certification number of the lab which analyzed the sample.	
*Analyst #:	Enter the number assigned by the Ohio EPA for the approved analyst.	
*Test Method:	Indicate the method used to perform the analysis.	
Data Quality Reason:	Required if Data Quality is rejected. Reason must then be selected from list.	

Brookside Labs accepts samples for Total Coliform analysis Monday thru Wednesday between 8:00 am and 2:30 pm and Thursday between 8:00 am and 12:00 pm (noon). Total Coliform samples are NOT accepted on Fridays.

The laboratory will not accept samples one day prior to and including the following holidays: Christmas, New Years Day, Thanksgiving, Labor Day, Memorial Day, Good Friday, and Independence Day. If you are not certain if the laboratory is accepting samples, please call (419) 977-2766.

Total Coliform Positive: Total Coliforms were detected in the sample.

Total Coliform Negative: Total Coliforms were not detected in sample.