MICROBIOLOGICAL SAMPLE SUBMISSION REPORT (SSR)

Ohio Environmental Protection Agency

Division of Drinking and Ground Waters

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

PUBLIC WATER SYSTEM INFORMATION:

PWS ID: OH x x x x x x x
PWS Name: Found on Monitoring Schedule
Facility Code: DS1 or another applicable code
Facility Name: Found on Monitoring Schedule
Address: xx street
City, State, Zip: any city, OH, xxxxx
County: Ohio county
Sample Monitoring Point DS000 or applicable code

LABORATORY INFORMATION:

Reporting Lab Name: Troy Water Treatment Plant
Reporting Lab Certification No.: 640
Lab Receipt Date: _____

Sample Rejection Reason:

Analysis: ☐ --Accepted ☐ -- Rejected

☐ --Invalid Sampling Point ☐ --Broken
☐ --Exceeds Holding Time ☐ --Chlorine Present
☐ --Excessive Head Space ☐ --Frozen Sample
☐ --Lab Accident ☐ --Leaked in Transit
☐ --Insufficient Sample Information
☐ --Invalid Sampling Protocol
☐ --Insufficient Volume

SAMPLE INFORMATION:

Lab Sample Number: _____
Sample Type: PWS - check a box
☐ -- Routine (compliance)
☐ -- Special (not for compliance)
☐ -- Repeat (confirm positive sample compliance)
☐ -- Confirmation (compliance)
☐ -- Triggered (compliance)

Original Routine Positive Sample # _____

Sample Collection Date: xx/xx/xxxx
Sample Collection Time: military time
Sample Collector Name: first and last
Sample Collector Phone: (xxx) xxx-xxxx
Street Address and Tap Location: _____
Street address, do not need city and state
Tap location
Chlorine Residual: Total x.x Free: x.x

Comments:

Provide Billing address

Provide Email Address for results

Sample Results:

Analyte	Absent / Negative	Present/ Positive	Count	Count type	Count Unit	Analysis start date/time	Analysis end date/time	Analytical Lab ID#	Analyst #	Test Method
Total Coliform (3100)	☐	☐		MPN	100mL			640		MMO-MUG
E. Coli. (3014)	☐	☐		MPN	100mL			640		MMO-MUG
Fecal Coliform (3013)	☐	☐		MPN	100mL					

Data Quality Reason:

☐ --Instrument Failure ☐ --Requester cancelled ☐ --Water System requested
☐ --Lab not certified ☐ --Other (Comments) ☐ --Lab Error

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. It is recommended that sample numbers not be re-used from year to year. If possible add a year to the sample number. i.e.. 12xxxxx for 2012	
Analytical Lab Certification Number*	Enter the certification number of the lab which analyzed the sample.	
PWS ID Number*	Enter the Public Water System Identification (PWS ID) Number assigned by Ohio EPA beginning with "OH".	
Water Facility State Code*	Enter the STU ID or the specific Facility code assigned to the location the sample was collected (STU, Well, Intake, Distribution, etc…). Routine Distribution samples will use the Code DS1. These codes can be looked up in the reference data menu of eDWR and are indicated on the Sample schedule issued to each water system.	
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)	
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	
Lab Receipt Date	Enter the date (Month/Day/Year) which the sample was received at the lab.	
Sample Rejection Reason	Select from the dropdown list the reason the entire sample was rejected for analysis. Leave Blank if sample was analyzed	
Sample Type*	Select from the dropdown list the Sample Type being submitted. Note: 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.
Repeat Location Code	Select from the dropdown list the location relative to the original positive sample location	
Original Lab Sample Number	If the Sample Type is Repeat, Confirmation or Triggered then the Original Routine Positive Sample number is required to be reported on this line.	
Collection Address	Enter the street address where the sample was taken, example: 1847 Main Street. Or enter a description of the tap where the sample was taken, example: Women's Restroom, or Kitchen Hand Sink.	
Analyte Code*	Select the Appropriate SDWIS Code and analyte name from the list. All samples must have a Total Coliform (3100) result. If the sample is TC positive, then the E. Coli or Fecal Coliform result is required on the next line of the spreadsheet.	
Analysis Start Date	Enter the date that incubation was started	
Analysis Start Time	Enter the time that incubation was started	
Analysis Completion Date*	Enter the date the analysis was completed	
Analysis Completion Time	Enter the time the analysis was completed	
Data Quality Accept/Reject	Select accepted or rejected depending on the validity of the sample result. If no result is obtained for a coliform analysis, select the appropriate reason from the list	
Data Quality Reason	Required if Data Quality is rejected, select the reason from the list.	
Analysis Method Code*	Indicate the method used to perform the analysis. (9223B-PA, COLISURE-PA …etc.) (These codes can be looked up in the reference data menu of eDWR)	
Microbe Presence Indicator	Select Presence or Absence as appropriate	
Quantitray Reporting Fields	Count	Number of microbial units (Values >0 indicate a positive result)
	Count Type	Type of microbial unit being counted. MPN - Most Probable Number
	Count Units	Units of measure for the microbial result count. 100 Milliliters
	Interference	Select from the dropdown list if these factors influenced the result. Interference will require the Data Quality field to be Rejected
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)	
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)	
Comments	Include any additional information to further describe Data Quality Results or any other pertinent information about sample results.	
Analyst #*	Enter the number assigned by the Ohio EPA for the approved analyst.	