MICROBIOLOGICAL SAMPLE SUBMISSION REPORT (SSR)

Ohio Environmental Protection Agency

Division of Drinking and Ground Waters

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Columbus Ohio 43215
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☐ Northwest District Office
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☐ Northeast District Office
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(330) 963-1200 FAX (330) 963-4760

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

PUBLIC WATER SYSTEM INFORMATION:

PWS ID: OH __ __ __ __ __ __ __
PWS Name:_____
Facility Code:_____
Facility Name:_____
Address:_____
City, State, Zip:_____
County:_____
Sample Monitoring Point_____

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:
☐ -- Routine (compliance)
☐ -- Special (not for compliance)
☐ -- Repeat (confirm positive sample compliance)
☐ -- Confirmation (compliance)
☐ -- Triggered (compliance)

Original Routine Positive Sample #_____

Sample Collection Date:_____
Sample Collection Time:_____
Sample Collector Name:_____
Sample Collector Phone:_____
Street Address and Tap Location:_____

Chlorine Residual: Total_____ Free:_____

Comments:

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