



# CHEMICAL SAMPLE SUBMISSION REPORT (SSR)

## Division of Drinking and Ground Waters

Central Office  
50 W Town St  
Columbus Ohio 43215  
(614) 644-2752 FAX (614) 644-2909

### PUBLIC WATER SYSTEM INFORMATION:

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

### LABORATORY INFORMATION:

Reporting Lab Name: \_\_\_\_\_  
Reporting Lab Certification No.: \_\_\_\_\_  
Lab Sample Number: \_\_\_\_\_

### Comments

### SAMPLE INFORMATION:

Sample Monitoring Point \_\_\_\_\_  
Sample Type:  
 -- Routine (compliance)  
 -- Special (non-compliance)  
Sample Collection Date: \_\_\_\_\_  
mm/dd/yyyy  
Sample Collection Time: \_\_\_\_\_  
hh:mm am/pm  
Street Address or Tap Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Lead/Copper Location Type \_\_\_\_\_  
(At Source, Flushed, First Draw, Lead Service Line)

### Data Quality Results:

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

### Sample Results:

Analyte	Analyte Code	Method Code	Results Sign	Results Value	Results Units	Analytical Lab ID#	Analyst #	Analysis Date	QC Date

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