MICROBIOLOGICAL SAMPLE SUBMISSION REPORT (SSR)

Division of Drinking and Ground Waters

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

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

☐ Southwest District Office
401 East Fifth Street
Dayton, Ohio 45402-2911
(937) 285-6357 FAX (937) 285-6249

☐ Northeast District Office
2110 East Aurora Road
Twinsburg, Ohio 44087
(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:_____
Address:_____
City, State, Zip:_____
County:_____

LABORATORY INFORMATION:

Reporting Lab Name:_____
Reporting Lab Certification No.:_____
Lab Sample Number:_____

Comments:

SAMPLE INFORMATION:

Sample Type:
☐ -- Routine (compliance)
☐ -- Repeat (confirm positive sample compliance)
Original Routine Positive Sample #_____
☐ -- Special (not for compliance)
Sample Collection Date:_____
mm/dd/yyyy
Sample Collection Time:_____
hh:mm am/pm
Sample Collector Name:_____
Sample Collector Phone:_____
Street Address and Tap Location:_____
_____
_____
Free Chlorine Residual:_____
Total Chlorine Residual:_____

Sample Results:

Analyte	Absent / Negative	Present/ Positive	Analysis start date/time	Analysis end date/time	Analytical Lab ID#	Analyst #	Method Used
Total Coliform (3100)	☐	☐					
E. Coli. (3014)	☐	☐					
Fecal Coliform (3013)	☐	☐					

Data Quality Results:

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