Ohio Environmental Protection Agency

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:_____
Facility Code:_____
Facility Name:_____
Address:_____
City, State, Zip:_____
County:_____
Sample Monitoring Point_____

LABORATORY INFORMATION:

Reporting Lab Name:_____
Reporting Lab Certification No.:_____
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					
E. Coli. (3014)	☐	☐	_____	MPN	100mL					
Fecal Coliform (3013)	☐	☐	_____	MPN	100mL					

Data Quality Reason:

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

EPA Microbiological SSR (Rev. 04/16)

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.