



Division of Drinking and Ground Waters



MICROBIOLOGICAL SAMPLE SUBMISSION REPORT (SSR)

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: North Coast Env. Labs
Reporting Lab Certification No.: 878
Lab Sample Number: \_\_\_\_\_

SAMPLE INFORMATION:

Sample Type:
-- Routine (compliance)
-- Repeat (confirm positive sample compliance)
Original Routine Positive Sample # \_\_\_\_\_
-- Special (not for compliance)
Sample Collection Date: \_\_\_\_\_
Sample Collection Time: \_\_\_\_\_
Sample Collector Name: \_\_\_\_\_
Sample Collector Phone: \_\_\_\_\_
Street Address and Tap Location: \_\_\_\_\_

Comments:

Large empty box for comments.

Free Chlorine Residual: \_\_\_\_\_
Total Chlorine Residual: \_\_\_\_\_

Sample Results:

Table with 8 columns: Analyte, Absent/Negative, Present/Positive, Analysis start date/time, Analysis end date/time, Analytical Lab ID#, Analyst #, Method Used. Rows include Total Coliform, E. Coli, and Fecal Coliform.

Data Quality Results:

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