



**MICROBIOLOGICAL
SAMPLE SUBMISSION REPORT (SSR)**

MAIL COMPLETED REPORT TO: Appropriate District Office

Central District Office
3232 Alum Creek Drive
Columbus, Ohio 43207-3417
(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:

District Office: _____
PWS Name: _____
PWS ID Number: _____
Address: _____
City/State/Zip: _____
County: _____
Contact's Name: _____
Contact's Phone: _____

ANALYTICAL INFORMATION:

Method Used: Membrane Filter MMO-MUG
Analyst Number: _____
Analysis Date: _____
Analysis Time: _____

Total Coliform Results	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	
	<input type="checkbox"/> Positive/CG	<input type="checkbox"/> Positive/HBC	
Fecal Coliform Results	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> No Value
E Coli Results	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> No Value
LTB 24	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> No Value
LTB 48	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> No Value
BGB 24	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> No Value
BGB 48	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> No Value

LABORATORY INFORMATION:

Reporting Lab Name: _____
Reporting Lab Certification #: _____
Analytical Lab Name: _____
Analytical Lab Certification #: _____
Sample Number: _____

SAMPLE INFORMATION:

Sample Collection Date: _____ Time: _____
Sample Collected by: _____
Collector's Phone: _____
Sample Class: Routine Repeat Special Raw
Sample Monitoring Point: _____
Repeat for Sample #: _____
Tap Address: _____
Sample Tap ID: _____

OTHER RESULTS:

<input type="checkbox"/> Not Analyzed	<input type="checkbox"/> Insufficient Sample
<input type="checkbox"/> Sample too Old	<input type="checkbox"/> Incomplete Information
<input type="checkbox"/> Leaked in Transit	<input type="checkbox"/> Lab Accident
<input type="checkbox"/> Broken in Transit	<input type="checkbox"/> TC Negative/CG-INVALID
<input type="checkbox"/> Residual Chlorine	<input type="checkbox"/> TC Negative/HBC-INVALID

COMMENTS (For Use Only When Other Results Are Obtained):