

Instructions for Reporting Drinking Water Microbiological Results to the Ohio EPA on the Microbiological Sample Submission Report (SSR)

The following information is to be completed for each sample submission report form:

LABORATORY INFORMATION:

Reporting Lab Name:	Enter the name of the lab reporting the sample submission report.
Reporting Lab Certification #:	Enter the certification number of the lab reporting the sample submission report.
Analytical Lab Name:	Enter the name of the lab which analyzed the sample.
Analytical Lab Certification #:	Enter the certification number of the lab which analyzed the sample.
Sample Number:	Enter the sample number issued by the reporting lab. Sample numbers should include <u>only</u> numbers (no letters or dashes) and are limited to 10 digits. Sample numbers must start with a non-zero number. The exact same sample number cannot appear from the same lab on more than one report unless a unique numerical prefix is used (e.g. 900 for Bacti and 800 for VOCs).

PUBLIC WATER SYSTEM INFORMATION:

District Office:	Enter the name of the district office to which the form is to be reported.
PWS Name:	Enter the name of the public water system (PWS), i.e. a city, restaurant, etc.
PWSID#:	Enter the six or seven digit public water system identification (PWSID) number assigned by the Ohio EPA.
Address:	Enter the address where the PWS is located.
County:	Enter the county in which the PWS is located.
Contact Name:	Enter the name of a person who can provide sampling information about the PWS.
Contact Phone:	Enter the phone number where the contact person can be reached.

SAMPLE INFORMATION:

Sample Monitoring Point:	Enter the location where the sample was collected. Both distribution and raw samples should be listed as DS000.
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Sample Collection Date:	Enter the date (Month/Day/Year) which the sample was taken.
Time:	Enter the time of sample collection in military time, i.e. 1300 for 1 p.m.
Sample Collected by:	Enter the name of the person who collected the sample.
Collector's Phone:	Enter the phone number of the person who collected the sample.
Sample Class:	Mark the box that indicates the reason for analyzing the sample. A Routine sample represents the drinking water being used. A Repeat sample is collected to confirm the results of a positive compliance sample. A Special sample is not representative of the drinking water being used and is not used for compliance. A Raw sample is collected to review a well for approval as a drinking water source, etc.
Repeat for Sample # :	If applicable, enter the sample number for the previous sample which had the results that the repeat sample was collected to confirm or check.
Tap Address:	Enter the street address where the sample was taken, 1847 Main Street.
Sample Tap ID:	Enter a number or description of the tap where the sample was taken, i.e. Sink tap 2, Gray's Gas Station.

ANALYTICAL INFORMATION:

Method Used:	Indicate the method used to perform the analysis.
Analyst Number:	Enter the number assigned by the Ohio EPA for the approved analyst.
Analysis Date:	Enter the date that incubation was started.
Analysis Time:	Enter the time that incubation was started in military time; 1500 for 3 p.m.
Total Coliform Results:	Mark the appropriate box indicating the results as Positive, Positive-HBC (High Background Count), Positive-CG (Confluent Growth), or Negative. If there were problems with analysis or another type of result was obtained, use the Other Results area instead.
Fecal Coliform Results:	If the Membrane Filtration method is used, mark the box indicating the results as positive, negative, or no value. No value indicates that the analysis was not done.
E Coli Results:	If the MMO/MUG method is used, mark the box indicating the results as positive, negative, or no value. No value indicates that the analysis was not done.

- LTB 24:** If the Membrane Filtration method is used, mark the box indicating the results as positive, negative, or no value. No value indicates that the analysis was not done.
- LTB 48:** If the Membrane Filtration method is used, mark the box indicating the results as positive, negative, or no value. No value indicates that the analysis was not done.
- BGB 24:** If the Membrane Filtration method is used, mark the box indicating the results as positive, negative, or no value. No value indicates that the analysis was not done.
- BGB 48:** If the Membrane Filtration method is used, mark the box indicating the results as positive, negative, or no value. No value indicates that the analysis was not done.
- Other Results:** If “Other Results” are obtained for a total coliform analysis, indicate the appropriate result as one of the following: Broken in Transit, Insufficient Sample, Incomplete Info, Lab Accident, Leaked in Transit, Not Analyzed, Residual Chlorine, Sample Too Old, TC Negative/Confluent Growth-Invalid, or TC Negative/High Background Count-Invalid.
- Comments (For ...):** This comment area is only for use when an “Other Result” is given. Include any pertinent information about the analysis.

NOTE:

SAMPLE SUBMISSION REPORTS ARE REQUIRED TO BE SUBMITTED TO THE OHIO EPA BY NO LATER THAN THE TENTH DAY AFTER THE END OF THE MONTH IN WHICH QUALITY CONTROL IS COMPLETED FOR THE INCLUDED PARAMETERS. IF A POSITIVE RESULT IS INDICATED OR IF REPEAT SAMPLES ARE ANALYZED, THE REPORT MUST BE SUBMITTED BY NO LATER THAN THE END OF THE NEXT BUSINESS DAY AFTER QUALITY CONTROL IS COMPLETED. COMPLETE AND ACCURATE INFORMATION IS NECESSARY FOR A REPORT FORM TO BE USED FOR DRINKING WATER COMPLIANCE. IF THERE ARE QUESTIONS ABOUT THE INFORMATION NEEDED, CONTACT A REPRESENTATIVE OF THE DIVISION OF DRINKING AND GROUND WATERS AT (614) 644-2752.

INFORMATION NEEDED FROM THE PUBLIC WATER SYSTEM

In order to properly complete the required Ohio EPA reporting forms, the following information should be provided to the laboratory by the public water system:

1. The name of the **PWS** (public water system) that was sampled.

2. The six or seven digit **PWSID** # assigned to public water system by the Ohio EPA.
3. The mailing **Address** of the PWS that was sampled.
4. The **County** in which the PWS is located.
5. The **Contact Name** for the person responsible for the PWS.
6. The number of the **Contact Phone** for the contact person.
7. The **Sample Monitoring Point** number.
8. The **Sample Collection Date**.
9. The **Time** that the sample was collected.
10. The full name (not initials) of the person who collected the sample, **Sample Collected By**.
11. The number for the **Collector's Phone**.
12. The **Sample Class**.
13. If the sample purpose is resample, the sample number of the previous sample which had results initiating the collection of the resample, **Repeat for Sample #**.
14. The **Tap Address** where the sample was collected for example, 28 Main St.
15. The **Sample Tap ID** where the sample was collected for example, sink tap 2 - Jim's Grocery.

DEFINITIONS:

Sample Monitoring Point (SMP): The specific location where a sample for a PWS is taken. It is possible to have many sample monitoring points. A sample monitoring point is identified by two letters followed by three numbers. The two letters indicate the type of sample that was collected. DS indicates a distribution sample. In general, the numbers correspond to the how many locations have been identified for sampling. However, for the Microbiological SSR, the SMP is defaulted to DS000.

NOTE: A system or laboratory may obtain additional information about monitoring and reporting by accessing the Ohio EPA, Division of Drinking and Ground Waters website at <http://www.epa.state.oh.us/ddagw/ddagwmain.html>.