

**PRIVATE WATER SYSTEM
MICROBIOLOGICAL
SAMPLE SUBMISSION REPORT (SSR)**

GENERAL INFORMATION:

Private Water Supply or Resident's Name: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____

SAMPLE INFORMATION:

Bottle Number: _____
 Sample Collection Date: _____
 Sample Collection Time: _____
 Sample Collector Name: _____
 Sample Collector Phone: _____
 County Water Supply is Located: _____
 Sample Tap ID: _____

LABORATORY INFORMATION:

Reporting Lab Name: _____
 Reporting Lab Certification #: _____
 Lab Receipt Date: _____
 Time Received: _____ Received By: _____
 Lab Sample Number: _____

Sample Rejection Reason:

- Analysis: --Accepted -- Rejected
 --Exceeds Holding Time --Chlorine Present
 --Lab Accident --Broken in Transit
 --Frozen Sample --Leaked in Transit
 --Insufficient Sample --Sample not analyzed
 --Insufficient sample information

Comments:

MMO-MUG Quanti-Tray/Colisure

Detection Limit = 1

NOT FOR EPA

Sample Results:

Analyte	Absent / Negative	Present / Positive	Count	Count Type	Count Unit	Analysis Start Date	Analysis Start Time	Analysis End Date	Analysis End Time	Analytical Lab ID#	Analyst #	Test Method
Total Coliform (3100)	<input type="checkbox"/>	<input type="checkbox"/>		MPN	100mL							SM 9223-B
E. Coli (3014)	<input type="checkbox"/>	<input type="checkbox"/>		MPN	100mL							SM 9223-B

Brookside LABS

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New Bremen, OH 45869
(419) 977-2766

*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.
Sample Tap ID:	Enter a description of the tap where the sample was taken, example: women's restroom, or kitchen hand sink.
Lab Receipt Date:	Enter the date (Month/Day/Year) which sample was received at the lab.
*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.
Sample Rejection Reason:	Select the reason the entire sample was rejected for analysis. Leave Blank if sample was analyzed.
Comments:	Include any additional information to further describe Data Quality Results or any other pertinent information about sample results.
*Analyte:	All samples must have a Total Coliform result. If the sample is TC positive, then the E. Coli result is required on the next line.
Microbe Presence Indicator:	Select Absence or Presence as appropriate.
Analysis State Date:	Enter the date that incubation was started.
Analysis Start Time:	Enter the time that incubation was started.
*Analysis End Date:	Enter the date the analysis was completed.
Analysis End Time:	Enter the time the analysis was completed.
Analytical Lab ID#:	Enter the certification number of the lab which analyzed the sample.
*Analyst #:	Enter the number assigned by the Ohio EPA for the approved analyst.
*Test Method:	Indicate the method used to perform the analysis.

Brookside Labs accepts samples for Total Coliform analysis Monday thru Wednesday between 8:00 am and 2:30 pm and Thursday between 8:00 am and 12:00 pm (noon). Total Coliform samples are NOT accepted on Fridays.

The laboratory will not accept samples one day prior to and including the following holidays: Christmas, New Years Day, Thanksgiving, Labor Day, Memorial Day, Good Friday, and Independence Day. If you are not certain if the laboratory is accepting samples, please call (419) 977-2766.

Total Coliform Positive: Total Coliforms were detected in the sample.

Total Coliform Negative: Total Coliforms were not detected in sample.