

BIOSOLUTIONS, LLC.
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Filling out the MICROBIOLOGICAL SAMPLE SUBMISSION REPORT (SSR)

Public or Private water*	Check appropriate box for Ohio EPA or Private. If other district, enter name of district.	
PUBLIC WATER SYSTEM INFORMATION		
PWS ID Number	Enter the Public Water System Identification (PWS ID) Number assigned by Ohio EPA beginning with "OH".	
PWS Name	Enter the Public Water System Name assigned by Ohio EPA.	
Facility Code	Enter the WFSC ID or the specific Facility code assigned to the location the sample was collected (WFSC, Well, Intake, Distribution, etc...). Routine Distribution samples will use the Code DS1. Triggered samples will require WFSC ID.	
Address 1*	Enter Client name unless same as PWS Name.	
Address 2*	Enter mailing address for Biosolutions, LLC's client.	
City, State, Zip*	Enter City, State, Zip for Biosolutions LLC's client.	
County*	Enter county where sample was taken from.	
Contact's Name*	Enter name of person responsible for system.	
Contact's Phone*	Enter phone of person responsible for system.	
SAMPLE INFORMATION		
Bottle #*	Enter number that appears on sample bottle.	
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 Type*	Select from the 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
Repeat Location Code	Triggered	Raw sample required under the groundwater rule. This sample will generally be reported using Sample Point GWR00X and The WFSC ID for the Facility Code. Triggered sample require the original positive sample number, the same as if it were a repeat sample.
	Select from the list the location relative to the original positive sample location.	
	Original Site	
	Near 1 st Connection	
	Downstream	
Original Lab Sample Number	Upstream	
	Other	Give description
	If the Sample Type is Repeat, Confirmation or Triggered then the Original Routine Positive Sample number is required to be reported on this line.	
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*	Enter the phone number of the person who collected the sample.	
Sample Tap*	Enter a description of the tap where the sample was taken. Examples: Women's Restroom or Kitchen Hand Sink.	
Collection Address*	Enter the street address where the sample was taken.	
Chlorine Residual	Total Chlorine	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)
	Free Chlorine	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)
	Not Applicable	Check box if chlorine not used in system.
Comments*	Include any additional information to further describe sample or any other pertinent information about sample.	

* Denotes areas to be filled out for private samples only.

Revised 2/6/17