

**BIOSOLUTIONS, LLC.**  
**10180 Queens Way #6**  
**Chagrin Falls, OH 44023**  
**Phone: 440-708-2999 Fax: 440-708-2988**

☐ Ohio EPA - Northeast District Office  
2110 East Aurora Road  
Twinsburg, Ohio 44087  
(330) 963-1200 FAX (330) 963-4760

**PUBLIC WATER SYSTEM INFORMATION:**

PWS ID: OH \_\_\_\_\_  
PWS Name: \_\_\_\_\_  
Facility Code: \_\_\_\_\_  
  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Contact's Name: \_\_\_\_\_  
Contact's Phone: \_\_\_\_\_

**SAMPLE INFORMATION:**

Bottle #: \_\_\_\_\_  
Sample Monitoring Point: \_\_\_\_\_  
Sample Type:  
☐ Routine (compliance)  
☐ Special (not for compliance)  
☐ \*Repeat (confirm positive sample compliance)  
    ☐ Original Site      ☐ Near 1<sup>st</sup> Connection  
    ☐ Downstream      ☐ Upstream  
    ☐ Other \_\_\_\_\_  
☐ \*Confirmation (compliance)  
☐ \*Triggered (compliance)  
\*Original Routine Positive Sample #: \_\_\_\_\_  
Sample Collection Date \_\_\_\_\_ Time \_\_\_\_\_  
Sample Collected By: \_\_\_\_\_  
Collector's Phone: \_\_\_\_\_  
Sample Tap: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Chlorine Residual: Total: \_\_\_\_\_ mg/L  
Free: \_\_\_\_\_ mg/L  
                          ☐ Not Applicable

**MICROBIOLOGICAL  
SAMPLE SUBMISSION REPORT (SSR)**

☐ Private (Residential)  
☐ Other District \_\_\_\_\_

**ANALYTICAL INFORMATION: (Lab Only)**

Lab Sample #: \_\_\_\_\_  
Reporting/Analytical Lab: Biosolutions, LLC  
Reporting/Analytical Lab Certification #: 849  
Lab Receipt Date: \_\_\_\_\_  
Analysis: ☐ -- Accepted      ☐ -- Rejected  
Sample Rejection Reason:  
☐ --Invalid Sampling Point      ☐ --Broken  
☐ --Exceeds Holding Time      ☐ --Chlorine Present  
☐ --Excessive Head Space      ☐ --Frozen Sample  
☐ --Insufficient Volume      ☐ --Leaked in Transit  
☐ --Invalid Sampling Protocol      ☐ --Lab Accident  
☐ --Insufficient Sample Information

Method Used: ☐ COLISURE      ☐ COLILERT  
  
Analyst: ☐ 1257 – JD      ☐ 1254 – MW  
          ☐ 2807 – AM      Other: \_\_\_\_\_  
  
Start Date: \_\_\_\_\_ Time: \_\_\_\_\_  
End Date: \_\_\_\_\_ Time: \_\_\_\_\_

**SAMPLE RESULTS:**

Analyte	Absent/ Negative	Present/ Positive
Total Coliform (3100)	<input type="checkbox"/>	<input type="checkbox"/>
E.Coli (3013)	<input type="checkbox"/>	<input type="checkbox"/>

**DATA QUALITY REJECTION REASONS:**

☐ Instrument Failure      ☐ Requester cancelled  
☐ Water System Request      ☐ Lab not certified  
☐ Other (Comments)      ☐ Lab Error

**COMMENTS:**

\_\_\_\_\_