



Division of Drinking and Ground Waters

Microbiological Sample Submission Report (SSR)

The form must be completed, as required, using either a typewriter, pen with black, waterproof ink, or a rubber stamp with black waterproof ink.
Water samples accompanied by illegible, inaccurate or incomplete forms will result in rejection.

MAIL COMPLETED REPORT TO: Southeast District Office
 2195 Front Street
 Logan, Ohio 43138
 Tel (740) 385-8501 Fax (740) 385-6490

<p>PUBLIC WATER SYSTEM INFORMATION: District Office: Southeast PWS Name: _____ PWS ID Number: _____ Address: _____ City/State/Zip: _____ County: _____ Contact's Name: _____ Contact's Phone Number: _____</p>	<p>LABORATORY INFORMATION: Reporting Laboratory Name: City of Marietta Laboratory Reporting Laboratory Certification Number: #390 Analytical Laboratory Name: City of Marietta Laboratory Analytical Laboratory Certification Number: #390 Address: City of Marietta, Water Treatment & Distribution Depts. 2000 Fourth Street*P. O. Box 836, Marietta, OH 45750 Tel (740) 374-6864*Fax (740) 376-2002*E-mail: wtpm@frogned.net Sample Number: _____</p>								
<p>ANALYTICAL INFORMATION: Please do not write in this section Method Used: MMO-MUG (colilert) Analyst Number: <input type="checkbox"/> #1132 <input type="checkbox"/> #2341 Analysis Date: _____ Analysis Time: _____</p> <p>ANALYTICAL RESULTS: Total Coliform: <input type="checkbox"/> Positive <input type="checkbox"/> Negative E. Coli: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> No Value</p>	<p>SAMPLE INFORMATION: <u>Public Water Systems and individuals submitting potable water samples to be tested must complete this section.</u> Sample Collection Date: _____ Sample Collection Time (military): _____ Sample Collected by: _____ EPA water sampling procedures are available by our laboratory. Collector's Phone Number: _____ Sample Class: <input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Special <input type="checkbox"/> Raw Sample Monitoring Point: _____ Individuals submitting water samples are not required to complete. Repeat for Sample Number: _____ Only to be completed if the water sample is a repeat sample. Tap Address: _____ House Number and Street, City, State & Zip Code Sample Tap ID: _____ Water sample collection location: etc. kitchen, bathroom, outside faucet, hydrant</p>								
<p>OTHER RESULTS: Please do not write in this section</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Not Analyzed</td> <td style="width: 50%;"><input type="checkbox"/> Residual Chlorine</td> </tr> <tr> <td><input type="checkbox"/> Sample too Old</td> <td><input type="checkbox"/> Insufficient Sample</td> </tr> <tr> <td><input type="checkbox"/> Leaked in Transit</td> <td><input type="checkbox"/> Incomplete Information</td> </tr> <tr> <td><input type="checkbox"/> Broken in Transit</td> <td><input type="checkbox"/> Lab Accident</td> </tr> </table>	<input type="checkbox"/> Not Analyzed	<input type="checkbox"/> Residual Chlorine	<input type="checkbox"/> Sample too Old	<input type="checkbox"/> Insufficient Sample	<input type="checkbox"/> Leaked in Transit	<input type="checkbox"/> Incomplete Information	<input type="checkbox"/> Broken in Transit	<input type="checkbox"/> Lab Accident	<p>CITY OF MARIETTA LABORATORY INFORMATION: Please do not write in this section</p>
<input type="checkbox"/> Not Analyzed	<input type="checkbox"/> Residual Chlorine								
<input type="checkbox"/> Sample too Old	<input type="checkbox"/> Insufficient Sample								
<input type="checkbox"/> Leaked in Transit	<input type="checkbox"/> Incomplete Information								
<input type="checkbox"/> Broken in Transit	<input type="checkbox"/> Lab Accident								
<p>COMMENTS: Please do not write in this section For Use Only when Other Results Are Obtained</p> <p>CHLORINE TESTING RESULTS Free: _____ Total: _____ Combined: _____</p>									

Results of the water samples will be available after 24 hours of the water sample received in our lab. There is a charge of \$20.00 for water samples received Monday thru Thursday. Water samples received on Fridays will be charged \$20.00 plus overtime rate.

Please check with our Lab Bacteriologist before submitting water samples on Fridays.

If you have any questions or concerns, our Lab Bacteriologist maybe reached Monday thru Friday between the hours of 7:30 AM to 4:00 PM.