Data Submission Guide for CMDP *LT2 E.coli Samples*

(reported through EXCEL TEMPLATE)

Document Instructions

The Excel template used for reporting LT2 *E. coli* samples has three distinct sections: general ***Sample Information***, ***Microbial Results,*** and ***Field Results and Measurements*** (Do not use for LT2 E. coli reporting). This guidance document describes how to submit information for **E. coli** samples for systems for systems who are covered under LT2 requirements (specified in the Long Term 2 Enhanced Surface Water Treatment Rule) and includes the **Methods Chart** and an **example** of a completed sample submission.

This guidance document highlights the required fields:

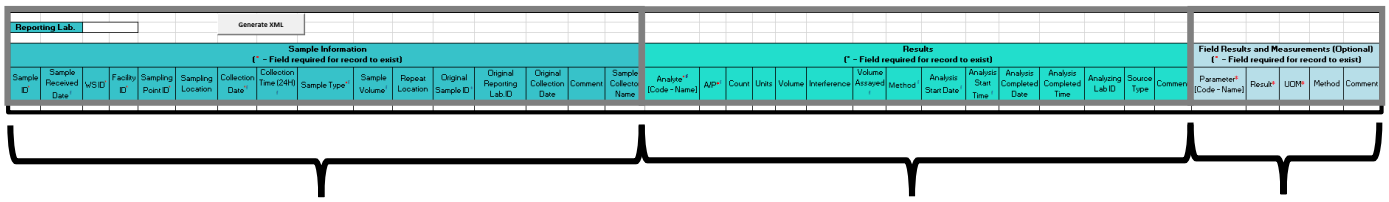
- Header fields in **RED** and underlined text are **required** in order to meet federal and state reporting requirements.
- Header fields in **BLUE** and underlined text are *conditionally or situationally required*.
- Header fields in **BLACK text** are not required for a successful data submission.

Samples will be rejected if the required fields are left blank.

Additionally keep in mind:

- Use drop-down icons (▾) to filter data.
- If you have questions, please contact our CMDP support staff at support@1gec.com.

Table of Contents (Screenshot of E.coli Excel Template)



Section 1: Sample Information *(page 2)*

Section 2: Microbial Results *(page 3)*

Section 3: Field Results and Measurements *DO NOT USE FOR LT2*

Methods Chart	
Analysis Method Used	**Report this Method in CMDP**
9223 B Colilert-18 MPN	9223B-QT-COLILERT-QUANTITRAY
9223 B Colilert MPN	9223B-QT-COLILERT-QUANTITRAY
MF (mColiBlue 24 MPN)	M-COLIBLUE24-M-COLIBLUE24

Methods Chart on page 3

Section 4: Example of a Completed Sample Submission *(page 4)*

DATA SUBMISSION FOR LT2 E. COLI SAMPLES THROUGH EXCEL TEMPLATE

Header fields in **RED** and underlined text below are **required** in order to meet federal and state reporting requirements.
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Section 1: Sample Information

CMDP
Compliance Monitoring Data Portal

Microbiological Samples

Reporting Lab. ID *

Generate XML

Sample Information
(* - Field required for record to exist)

Sample ID *	Sample Received Date f	WS ID *	Facility ID *	Sampling Point ID *	Sampling Location	Collection Date *f	Collection Time (24H) f	Sample Type *f	Sample Volume f	Repeat Location	Original Sample ID +	Original Reporting Lab.ID	Original Collection Date	Comment	Sample Collector Name

Reporting Lab. ID: Lab identification number.

Sample ID: Lab sample identification number, limit to 20 characters (numbers, letters, dash/underscore (-_) are allowed).

Sample Received Date: Date sample was received by lab (MM/DD/YY).

WS ID: Public Water System identification number (PWSID).
NOTE: *Each water system name has a unique PWSID number. If the name and number on the work order does not match what is listed in CMDP, investigate to ensure accuracy and consistency.*

Facility ID: Select the appropriate water system facility from where the sample was collected. The source facility for a surface water (SW) system is called an intake and the facility code will start with an "**IN**". If the PWS has multiple intakes be sure to select the correct one associated with the sample. Meanwhile, the source facility for a ground water under the direct influence of surface water (GWUDI) system is called a well and the facility code will start with a "**WL**".

Sampling Point ID: Select the appropriate sample point related to the intake (SW) or well (GWUDI) facility where the sample was collected.

Sampling Location: This field must describe the location where the sample was taken (i.e., raw water). Keep description succinct (numbers, letters, dash/underscore (-_) only).
NOTE: *Add "**LT2**" to the beginning of the sample location listed on the lab chain of custody (COC) if the system does not include it.*

Collection Date: Date sample collected (MM/DD/YY).

Collection Time (24H): Time sample collected (HH:MM).

Sample Type: From the drop-down menu, select the **Routine** sample type.

Sample Volume: Volume of sample analyzed (numerical value only).

Repeat Location: Not required but report if information if available.

Original Sample ID: Not required.

Original Reporting Lab. ID: Not required.

Original Collection Date: Not required.

Comment: Comments are optional.

Sample Collector Name: Name of sample collector, report if information is provided.

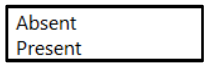
Header fields in **RED** and underlined text below are **required** in order to meet federal and state reporting requirements.
Header fields in **BLUE** and underlined text are *conditionally or situationally required*.
Header fields in **BLACK text** are not required for a successful data submission.

Section 2: Microbial Results

Results (* - Field required for record to exist)														
Analyte*[f] [Code - Name]	A/P*[f]	Count	Units	Volume	Interference	Volume Assayed[f]	Method[f]	Analysis Start Date[f]	Analysis Start Time[f]	Analysis Completed Date	Analysis Completed Time	Analyzing Lab ID	Source Type	Comment

Analyte [Code-Name]: From the drop-down menu, select **3014 E. coli**.

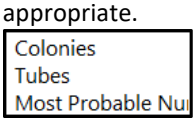
A/P: From the drop-down menu (pictured below), select whether the contaminant was **Present** or **Absent** in the analyzed sample.



If No *E. coli* found in sample, report the sample as **Absent**.
NOTE: *If absent, a Comment is required with the sample result. Refer to the Comments field (at the bottom of this page) for future details.*
If Any *E.coli* found in sample, report the sample as **Present** and record the result under the ***Count*** field.

Count: If the result is **Absent**, do NOT enter data into this field.
If the result is **Present**, enter the count of *E.coli* in the sample.

Units: From the drop-down menu (pictured below), select either **Most probable Number** or **Colonies** for the sample result as appropriate.



If the result is **Absent**, do NOT enter data into this field.
If the result is **Present**, select the appropriate units of measure for the sample result.

Volume: Not required but report if information is available.

Interference: Not required but report if applicable.

Volume Assayed: Volume of sample analyzed (numerical value only).

Method: This drop-down list includes methods for ALL microbial analyses and is not filtered by the analytes your lab (or subcontracting lab) is certified for. Be sure to verify certification status and select the appropriate method listed in the Methods Chart (shown to the right). Notice that each **Analysis Method Used** by labs is assigned to a specific *reporting code* indicated in the **Report this Method in CMDP** column. Samples will be rejected if users report a code that is not listed on the methods chart.
NOTE: *Methods that only report a Presence/Absence result are NOT approved for LT2 samples.*

Methods Chart	
Analysis Method Used	**Report this Method in CMDP**
9223 B Colilert-18 MPN	9223B-QT-COLILERT-QUANTITRAY
9223 B Colilert MPN	9223B-QT-COLILERT-QUANTITRAY
MF (mColiBlue 24 MPN)	M-COLIBLUE24-M-COLIBLUE24

Analysis Start Date: Date sample was placed in the incubator and lab began analysis (MM/DD/YY).

Analysis Start Time: Time sample was placed in the incubator and when lab began analysis (HH:MM).

Analysis Completed Date: Not required but report if information is available (MM/DD/YY).

Analysis Completed Time: Not required but report if information is available (HH:MM).

Analyzing Lab ID: If the sample was subcontracted to a different lab for analysis, the analyzing lab identification number is required to be reported here.

Source Type: Not required but report if information is available.

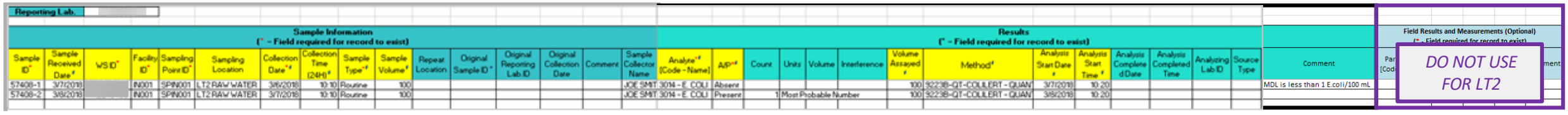
Comment: For samples where *E.coli* is **NOT present**, submit the method detection limit (MDL) for the analysis.
NOTE: *Do NOT use the less than (<) symbol in the comment field.* ***Example:*** *MDL is less than 1 E. coli/100 mL.*

Section 3: Field Results and Measurements

REMINDER! This section (pictured to right) should **NOT** be used for LT2 sample submittals. Please leave fields blank.

Field Results and Measurements (Optional) (* - Field required for record to exist)				
Parameter* [Code - Name]	Result*	UOM*	Method	Comment

Section 4: Example of Completed Sample Submission



Sample Information

Reporting Lab. ID *	

Sample Information
(* - Field required for record to exist)

Sample ID*	Sample Received Date f	WS ID*	Facility ID*	Sampling Point ID*	Sampling Location	Collection Date*f	Collection Time (24H) f	Sample Type*f	Sample Volume f	Repeat Location	Original Sample ID +	Original Reporting Lab.ID	Original Collection Date	Comment	Sample Collector Name
57408-1	3/7/2018		IN001	SPIN001	LT2 RAW WATER	3/6/2018	10:10	Routine	100						JOE SMITH

2 Example of a Sample Result (Absent):

Results
(* - Field required for record to exist)

Analyte*f [Code - Name]	A/P*f	Count	Units	Volume	Interference	Volume Assayed f	Method f	Analysis Start Date f	Analysis Start Time f	Analysis Completed Date	Analysis Completed Time	Analyzing Lab ID	Source Type	Comment
3014 - E. COLI	Absent					100	9223B-QT-COLILERT - QUANTITRAY	3/7/2018	10:20					MDL is less than 1 E.coli/100 mL

2 Example of a Sample Result (Present):

3014 - E. COLI	Present	1	Most Probable Number			100	9223B-QT-COLILERT - QUANTITRAY	3/8/2018	10:20					