

Data Submission Guide for CMDP *Total Coliform/E. coli* Samples and *Distribution Chlorine*

(reported through EXCEL TEMPLATE)

Document Instructions

The Excel template used for reporting Total Coliform (TC) and E.coli (EC) samples for RTRC and distribution chlorine (if applicable) has three distinct sections: general **Sample Information**, **Microbial Results**, and **Field Results and Measurements** for reporting distribution chlorine. This document describes how to submit information for **TC/EC** samples and distribution chlorine (if applicable) for each section of the template and includes **examples** of completed sample submissions.

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.

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Reporting Lab. ID		Generate XML	Sample Information (* - Field required for record to exist)													Results (* - Field required for record to exist)										Field Results and Measurements (Optional) (* - Field required for record to exist)						
Sample ID	Sample Received Date	WS ID	Facility ID	Sampling Point ID	Sampling Location	Collection Date	Collection Time (24H)	Sample Type	Sample Volume	Repeat Location	Original Sample ID	Original Reporting Lab-ID	Original Collection Date	Comment	Sample Collector Name	Analyte ¹ (Code - Name)	A/P ²	Count	Units	Volume	Interference	Volume Assayed	Method	Analysis Start Date	Analysis Start Time	Analysis Completed Date	Analysis Completed Time	Parameter ³ (Code - Name)	Result ⁴	UOW ⁵	Method	Comment

Section 1: Sample Information (page 2)

Section 2: Microbial Results (page 3)

Section 3: Field Results and Measurements (page 4)

Analysis Method Used	Report this Method in CMDP
9223 B Colilert-18 MPN	9223B-QT-COLILERT-QUANTITRAY
9223 B Colilert-18 PA	9223B-PA-COLILERT-PRESENCE/ABSENCE
9223 B Colisure PA	COLISURE-PA-COLISURE-PRESENCE/ABSENCE
9223 B Colilert MPN	9223B-QT-COLILERT-QUANTITRAY
9223 B Colilert PA	9223B-PA-COLILERT-PRESENCE/ABSENCE
9222 B Membrane Filtration PA	9222B-MEMBRANE FILTER
9221 D (Clark's) PA	9221D - FERMENTATION TUBE - PRESENCE/ABSENCE
9221 F (EC-MUG) PA	9221F-PA-EC-MUG - PRESENCE/ABSENCE
MF (mColiBlue 24 MPN)	M-COLIBLUE24-M-COLIBLUE24
MF (mColiBlue 24 PA)	M-COLIBLUE24-M-COLIBLUE24

Methods Chart (page 3)

Section 4: Examples of Completed Sample Submissions (pages 5-6)

- Example 1: Routine TC-**
- Example 2: Routine TC+/ EC-**
- Example 3: Routine TC+/EC+**
- Example 4: Special TC (seasonal startup, etc.)**
- Example 5: Repeat TC-**
- Example 6: Triggered TC-**

The screenshot displays the Excel template interface with three main sections highlighted: 1. Sample Information, 2. Results, and 3. Field Results and Measurements. Each section contains example data for a Total Coliform (TC) sample submission.

DATA SUBMISSION GUIDE FOR TOTAL COLIFORM/E. COLI SAMPLES AND DISTRIBUTION CHLORINE 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														
	Generate XML														
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

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.

Sampling Point ID: Select the appropriate sample point related to the facility where the sample was collected.

Sampling Location: This field must describe the location where the sample was taken from in the distribution system (i.e., 123 Main Street, Health Clinic, Kitchen sink, etc.). Keep description succinct (numbers, letters, dash/underscore (-_) only).

NOTE: Add **"Startup"** to the beginning of the Sample Location name if reporting a seasonal startup sample.

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

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

Sample Type: From the drop-down menu (pictured below), select the appropriate sample type (i.e., routine, repeat, special, triggered, etc.).

Routine
 Repeat
 Triggered
 Confirmation
 Special

NOTE: If you are submitting a sample that is not for compliance, select **Special** from the **Sample Type** drop-down menu.

If you are submitting a **seasonal startup sample**, select **Special** from the **Sample Type** drop down menu.

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

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

Original Sample ID: If reporting a **Repeat** or **Triggered** sample, enter the lab **Sample ID** of the original TC+ sample that caused the repeat or triggered sample(s) to be collected.

Original Reporting Lab. ID: Not required but report if information if available.

Original Collection Date: Not required but report if information if available (MM/DD/YY).

Comment: Optional.

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

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Section 2: Microbial Results

Results														
(* - Field required for record to exist)														
Analyte ^{s,f} [Code - Name]	A/p ^{s,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 (pictured below), select either **3014 E. Coli** or **3100 Coliform (TCR)** as appropriate.

2078 - CRYPTOSPORIDIUM ^
3000 - COLIFORM (PRE-TCF)
3001 - HETEROTROPHIC BA
3002 - ENTEROCOCCI
3003 - FECAL STREPTOCOCC
3004 - STAPHYLOCOCCUS
3005 - NON-COLIFORM GR
3006 - IRON BACTERIA ID v

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

Absent
Present

Count: Count of TC+ or EC+ sample. Enter the count only if required by analysis method.

Units: From the drop-down menu (pictured below), select the unit of measure for the sample result as appropriate.

Colonies
Tubes
Most Probable Nu

Volume: Volume of sample. Enter the appropriate volume of the TC+/EC+ sample *only if* required by the analysis method.

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.

Methods Chart	
Analysis Method Used	Report this Method in CMDP
9223 B Colilert-18 MPN	9223B-QT-COLILERT-QUANTITRAY
9223 B Colilert-18 PA	9223B-PA-COLILERT-PRESENCE/ABSENCE
9223 B Colisure PA	COLISURE-PA-COLISURE-PRESENCE/ABSENCE
9223 B Colilert MPN	9223B-QT-COLILERT-QUANTITRAY
9223 B Colilert PA	9223B-PA-COLILERT-PRESENCE/ABSENCE
9222 B Membrane Filtration PA	9222B-MEMBRANE FILTER
9221 D (Clark's PA)	9221D - FERMENTATION TUBE - PRESENCE/ABSENCE
9221 F (EC-MUG) PA	9221F-PA-EC-MUG - PRESENCE/ABSENCE
MF (mColiBlue 24 MPN)	M-COLIBLUE24-M-COLIBLUE24
MF (mColiBlue 24 PA)	M-COLIBLUE24-M-COLIBLUE24

Analysis Start Date: Date when lab began analysis (MM/DD/YY).

Analysis Start Time: Time 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: Optional.

DATA SUBMISSION GUIDE FOR TOTAL COLIFORM/E. COLI SAMPLES AND DISTRIBUTION CHLORINE THROUGH EXCEL TEMPLATE

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For systems that report a **distribution chlorine residual** along with their routine Total Coliform sample, please report the information in this section.

Section 3: Field Results and Measurements (Distribution Chlorine)

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

Parameter [Code-Name]: From the drop-down menu (pictured below), select the appropriate parameter analyzed, either **1013 – Free Chlorine Residual** or **1012 – Total Chlorine Residual** depending on what is noted on the COC. If the type is not noted on the COC, use the **Free Chlorine Residual**.

- 0100 - Turbidity
 - 0999 - Chlorine
 - 1006 - Chloramine
 - 1012 - Total Chlorine Residual
 - 1013 - Free Chlorine Residual
 - 1925 - pH
 - 1996 - Temperature
 - 1905 - Color

NOTE: Do NOT report the distribution chlorine residual as **0999-Chlorine** in this field.

Result: Enter the numerical value of the field result/measurement.

Result UOM: From the drop-down menu (pictured below), select the appropriate unit of measurement for the parameter.

- mg/L
 - Fahrenheit
 - Celsius
 - NTU
 - pH
 - mL
 - L
 - CU

Method: Do NOT report data in this field.

Comment: Optional.

DATA SUBMISSION GUIDE FOR TOTAL COLIFORM/E. COLI SAMPLES AND DISTRIBUTION CHLORINE THROUGH EXCEL TEMPLATE

Section 4: Examples of Completed Sample Submissions

Reporting Lab. ID	1 Sample Information (* - Field required for record to exist)													2 Results (* - Field required for record to exist)										3 Field Results and Measurements (Optional) (* - Field required for record to exist)																			
Sample ID	Sample Received Date	WS ID	Facility ID	Sampling Point ID	Sampling Location	Collection Date	Collection Time (24H)	Sample Type	Sample Volume	Repeat Location	Original Sample ID	Original Reporting Lab.ID	Original Collection Date	Comment	Sample Collector Name	Analyte [Code - Name]	A/P	Count	Units	Volume	Interference	Volume Assayed	Method	Analysis Start Date	Analysis Start Time	Analysis Completed Date	Analysis Completed Time	Analyzing Lab ID	Source Type	Comment	Parameter [Code - Name]	Result	UOM	Method	Comment								
56697423	9/10/2018		DS001	SPDS001TCR	Health Clinic	9/10/2018	08:15	Routine	100						C. Smith	3100 - COLIFORM (TCR)	Absent					100	M-COLIBLUE24-M-COLIBLUE24	9/10/2018	12:56													1013 - Free Chlorine	0.5	mg/L			
23027	8/17/2018		DS001	SPDS001TCR	Staff Kitchen	8/17/2018	12:30	Routine	100						J. Jones	3100 - COLIFORM (TCR)	Present					100	9223B-PA-COLLERT - PRESEN	8/18/2018	9:00																		
AE 18077B	6/1/2018		DS002	SPDS002TCR	Office Faucet	6/1/2018	13:15	Routine	100						E. West	3014 - E. COLI	Absent					100	9223B-PA-COLLERT - PRESEN	6/1/2018	15:45																		
1174539001	7/19/2018		DS001	SPDS001TCR	Spruce Ave. Startup	7/19/2018	09:30	Special	100					Seasonal Startup	F. Bee	3100 - COLIFORM (TCR)	Absent					100	9223B-PA-COLLERT - PRESEN	7/19/2018	12:13																		
23029	8/30/2018		DS001	SPDS001TCR	123 Main Street	8/30/2018	08:00	Repeat	100	Downstream	23027				K. Birch	3100 - COLIFORM (TCR)	Absent					100	9223B-PA-COLLERT - PRESEN	8/30/2018	12:13																		
A10906801V	8/10/2018		VL001	SPVL001	Well #1	8/10/2018	10:15	Triggered	100						B. Fron	3100 - COLIFORM (TCR)	Absent					100	9223B-PA-COLLERT - PRESEN	8/10/2018	15:15																		

Sample Information

1 Reporting Lab. ID *	ST11111																		
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 ^f	Original Reporting Lab.ID	Original Collection Date	Comment	Sample Collector Name				
Example 1: Routine Total Coliform Absent (TC-) Sample Submission																			
56697423	9/10/2018		DS001	SPDS001TCR	Health Clinic	9/10/2018	08:15	Routine	100						C. Smith				
Example 2: Routine Total Coliform Present (TC+) /E.coli Absent (EC-) Sample Submission																			
23027	8/17/2018		DS001	SPDS001TCR	Staff Kitchen	8/17/2018	12:30	Routine	100						J. Jones E. West				

Examples of a Sample Result (Present/Absent):

2	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					
Example 1: Routine Total Coliform Absent (TC-) Sample Submission																			
3100 - COLIFORM (TCR)	Absent					100	M-COLIBLUE24-M-COLIBLUE24	9/10/2018	12:56										
Example 2: Routine Total Coliform Present (TC+) /E.coli Absent (EC-) Sample Submission																			
3100 - COLIFORM (TCR)	Present					100	9223B-PA-COLLERT - PRESENCE/ABSENCE	8/18/2018	9:00										
3014 - E. COLI	Absent					100	9223B-PA-COLLERT - PRESENCE/ABSENCE	8/18/2018	9:00										

Field Results and Measurements

3	Field Results and Measurements (Optional) (* - Field required for record to exist)				
Parameter [*] [Code - Name]	Result [*]	UOM [*]	Method	Comment	
Example 1: Routine Total Coliform Absent (TC-) Sample Submission					
1013 - Free Chlorine Residual	0.5	mg/L			

