

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

(reported through WEB ENTRY form)

Document Instructions

The web entry form used for reporting Total Coliform (TC) and *E.coli* (EC) samples for RCTC and distribution chlorine (if applicable) has three distinct sections: general **Sample Information**, **Microbial Results**, and **Field Results and Measurements** for reporting distribution chlorine. This guidance document describes how to submit information for TC/EC samples and distribution chlorine (if applicable) for each section of the web entry form and includes the **Methods Chart** and **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:

- **Do not** base data submissions off the symbols (*, +, f) and labels located in the upper right section of the sample data entry screen.
- 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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Analyte	AP	Count	Units	Volume (ML)	Inference	Volume Analyzed (ML)	Method	Analysis Start Date	Analysis Start Time	Analysis Completed Date	Analysis Completed Time	Analyzing Lab ID	Source Type	Comments
3100 - Coliform (TC)	Present			100		100	9223B-PA-COLIFERT-PRESENCE/AE	03/20/18	16:50					
3014 - E. Coli	Present			100		100	9223B-PA-COLIFERT-PRESENCE/AE	03/20/18	16:50					

Section 2: Microbial Results
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See Methods Chart on page 3

Parameter	Result	Result UOM	Method	Comments
FreeChlorineResidual	1.06	mg/l		

Section 3: Field Results and Measurements
(page 4)

Example of Routine Total Coliform Absent (TC-) Sample Submission:

Analyte	AP	Count	Units	Volume (ML)	Inference	Volume Analyzed (ML)	Method	Analysis Start Date	Analysis Start Time	Analysis Completed Date	Analysis Completed Time	Analyzing Lab ID	Source Type	Comments
3100 - Coliform (TC)	Absent			100		100	9223B-PA-COLIFERT-PRESENCE/AE	03/20/2018	12:00					

Example of Distribution Chlorine Residual:

Parameter	Result	Result UOM	Method	Comments
FreeChlorineResidual	1.06	mg/l		

Section 4: Examples of Completed Sample Submissions
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- Example 1: Routine TC-*
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DATA SUBMISSION GUIDE FOR TOTAL COLIFORM/E.COLI SAMPLES AND DISTRIBUTION CHLORINE THROUGH WEB ENTRY

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

Microbial

Save Save And Add Another Close

* - Required + - Conditionally Required f - Federally Required f - Federally Conditionally Required

Set Default Values for Sample Information

Water System ID^{*}: AK2224646 Water System Name: WASILLA WATER SYSTI Facility^{*}: Sampling Point^{*}: Sampling Location

Sample ID^{*}: Collection Date[†]: Collection Time[†]: Sample Received Date[†]

Laboratory ID - Name^{*}: AK00961 - ANALYTICA ALASKA - ANCHORAGE Sample Type[†]: Routine Sample Volume(ML)[†]: Sample Collector Name

Comment

Water System ID: Public Water System identification number (PWSID).

Water System Name: This field will auto-populate when the appropriate PWS ID (first field on the left) is entered.

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: Select the appropriate water system facility from where the sample was collected.

Sampling Point: 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.

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

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

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

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

Laboratory ID-Name: This field will auto-populate with the appropriate lab submitting data through CMDP.

Sample Type: This field will auto-populate with the **Routine** sample type. From the drop-down menu, select the appropriate sample type (i.e., routine, repeat, special, triggered, etc.).

NOTE: If you are submitting a repeat or triggered sample, select **Repeat** or **Triggered** from the **Sample Type** drop down menu as appropriate.

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.

Repeat Location

Location of repeat sample

Related Original Sample Collected

Sample ID^{*}:

Original sample collected as it relates to the repeat/triggered sample

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

Related Original Sample Collected: Relate the original sample collected to the repeat or triggered sample result being submitted.

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

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

Comment: Comments are optional.

DATA SUBMISSION GUIDE FOR TOTAL COLIFORM/E. COLI SAMPLES AND DISTRIBUTION CHLORINE THROUGH WEB ENTRY

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Section 2: Microbial Results

Set Default Values for Sample Results Table

Microbial Analytes Results

Refresh Add Remove

<input type="checkbox"/>	Analyte †	A/P †	Count	Units	Volume (ML)	Interferenc	Volume Assayed (ML) †	Method †	Analysis Start Date †	Analysis Start Time †	Analysis Completed Date	Analysis Completed Time	Analyzing Lab ID	Source Type	Comments
No items to show.															

Analyte: From the drop-down menu (pictured below), select either **3014 E.Coli** or **3100 Coliform (TCR)** as appropriate.

3100	x	
Analyte Code		Analyte Name
3100		Coliform (TCR)

TIP FOR USERS: Use the search window to filter the **Analyte** list by either searching for the name of the analyte or the analyte code.

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

Absen
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
Most probable Number
Tubes

Volume (ML): 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.

Confluent Growth
Too Numerous to Count
Turbid Culture - no gas

Volume Assayed (ML): 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: Not required.

DATA SUBMISSION GUIDE FOR TOTAL COLIFORM/E. COLI SAMPLES AND DISTRIBUTION CHLORINE THROUGH WEB ENTRY

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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

Field Results and Measurements

Refresh Add Remove

☐	Parameter*	Result*	Result UOM*	Method	Comments
☐	<input type="text"/>				

Parameter: From the drop-down menu (pictured below), select the appropriate parameter analyzed, either **FreeChlorineResidual** or **TotalChlorineResidual** depending on what is noted on the COC. If the type is not noted on the COC, use the **FreeChlorineResidual**.

- CHLORINE
- Chloramine
- Color
- FreeChlorineResidual
- TURBIDITY
- TotalChlorineResidual
- WaterTemperature
- pH

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
- ML
- L

Method: Do NOT report data in this field.

Comment: Not required.

Section 4: Example of Completed Sample Submission

Example 1: Routine Total Coliform Absent (TC-)

Microbial

Save Save And Add Another Close * - Required + - Conditionally Required f - Federally Required f - Federally Conditionally Required

Set Default Values for Sample Information

Water System Id: Water System Name Facility: Sampling Point: Sampling Location
 DS001 - DS MAIN SPDS001TCR Spruce Avenue

Sample ID: Collection Date: Collection Time: Sample Received Date:
 20181305-01 03/20/2018 10:55 03/20/2018

Laboratory ID - Name: Sample Type: Sample Volume(ML): Sample Collector Name
 ST11111-Generic Lab-Generic City Routine 100 Joe Smith

Comment

Example of Routine Total Coliform Absent (TC-) Sample Submission:

Set Default Values for Sample Results Table

Microbial Analytes Results

Refresh Add Remove

Analyte	A/P	Count	Units	Volume(ML)	Interference	Volume Assayed(ML)	Method	Analysis Start Date	Analysis Start Time	Analysis Completed Date	Analysis Completed Time	Analyzing Lab ID	Source Type	Comments
3100 - Coliform (TCR)	Absent					100	9223B-PA - COLILERT - PRESENCE/AB:	03/20/2018	12:00					

Example of Distribution Chlorine Residual:

Field Results and Measurements

Field Results and Measurements

Refresh Add Remove

Parameter	Result	Result UOM	Method	Comments
FreeChlorineResidual	1.06	mg/l		

Section 4: Example of Completed Sample Submission

Example 2: Routine Total Coliform Present (TC+) / E.coli Absent (EC-)

Microbial

Save Save And Add Another Close * - Required + - Conditionally Required f - Federally Required f - Federally Conditionally Required

Set Default Values for Sample Information

Water System Id: [dropdown] Water System Name: [text] Facility: DS001 - DS MAIN [dropdown] Sampling Point: SPDS001TCR [dropdown] Sampling Location: Spruce Avenue [text]

Sample ID: 20181305-01 [text] Collection Date: 03/20/2018 [calendar] Collection Time: 10:55 [text] Sample Received Date: 03/20/2018 [calendar]

Laboratory ID - Name: ST11111-Generic Lab-Generic City [dropdown] Sample Type: Routine [dropdown] Sample Volume(ML): 100 [text] Sample Collector Name: Joe Smith [text]

Comment: [text area]

Example of Routine Total Coliform Present (TC+) / E.coli Absent (EC-) Sample Submission:

Set Default Values for Sample Results Table

Microbial Analytes Results

Refresh Add Remove

<input type="checkbox"/>	Analyte f	A/P f	Count	Units	Volume(ML)	Interference	Volume Assayed(ML) f	Method f	Analysis Start Date f	Analysis Start Time f	Analysis Completed Date	Analysis Completed Time	Analyzing Lab ID	Source Type	Comments
<input type="checkbox"/>	3100 - Coliform (TCR)	Present					100	9223B-PA - COLILERT - PRESENCE/AE	03/20/2018	12:52					
<input type="checkbox"/>	3014 - E. Coli	Absent					100	9223B-PA - COLILERT - PRESENCE/AE	03/20/2018	12:52					

Example of Distribution Chlorine Residual:

Field Results and Measurements

Field Results and Measurements

Refresh Add Remove

<input type="checkbox"/>	Parameter*	Result*	Result UOM*	Method	Comments
<input type="checkbox"/>	FreeChlorineResidual	1.06	mg/l		

Section 4: Example of Completed Sample Submission

Example 3: Routine Total Coliform Present (TC+) / E.coli Present (EC+)

Microbial

Save Save And Add Another Close * - Required + - Conditionally Required f - Federally Required f - Federally Conditionally Required

Set Default Values for Sample Information

Water System Id: [dropdown] Water System Name: [text] Facility: DS001 - DS MAIN [dropdown] Sampling Point: SPDS001TCR [dropdown] Sampling Location: Spruce Avenue [text]

Sample ID: 20181305-01 [text] Collection Date: 03/20/2018 [calendar] Collection Time: 10:55 [text] Sample Received Date: 03/20/2018 [calendar]

Laboratory ID - Name: ST11111-Generic Lab-Generic City [dropdown] Sample Type: Routine [dropdown] Sample Volume(ML): 100 [text] Sample Collector Name: Joe Smith [text]

Comment

Example of Routine Total Coliform Present (TC+) / E.coli Present (EC+) Sample Submission:

Microbial Analytes Results

Refresh Add Remove

Analyte	A/P	Count	Units	Volume(ML)	Interference	Volume Assayed(ML)	Method	Analysis Start Date	Analysis Start Time	Analysis Completed Date	Analysis Completed Time	Analyzing Lab ID	Source Type	Comments
3100 - Coliform (TCR)	Present					100	9223B-PA - COLILERT - PRESENCE/AE	03/20/18	16:50					
3014 - E. Coli	Present					100	9223B-PA - COLILERT - PRESENCE/AE	03/20/18	16:50					

Example of Distribution Chlorine Residual:

Field Results and Measurements

Field Results and Measurements

Refresh Add Remove

Parameter	Result	Result UOM	Method	Comments
FreeChlorineResidual	1.06	mg/l		

Section 4: Example of Completed Sample Submission

Example 4: Special (Seasonal Startup) Total Coliform Absent (TC-)

Microbial

Save Save And Add Another Close * - Required + - Conditionally Required f - Federally Required f - Federally Conditionally Required

Set Default Values for Sample Information

Water System Id: Water System Name Facility: Sampling Point: Sampling Location
 DS001 - DS MAIN SPDS001TCR Spruce Avenue

Sample ID: 20181305-01 Collection Date: 03/20/2018 Collection Time: 10:55 Sample Received Date: 03/20/2018

Laboratory ID - Name: ST11111-Generic Lab-Generic City Sample Type: Special Sample Volume(ML): 100 Sample Collector Name: Joe Smith

Comment
 SEASONAL STARTUP SAMPLE

Example of Special (Seasonal Startup) Total Coliform Absent (TC-) Sample Submission:

Microbial Analytes Results

Refresh Add Remove

Analyte	A/P	Count	Units	Volume(ML)	Interference	Volume Assayed(ML)	Method	Analysis Start Date	Analysis Start Time	Analysis Completed Date	Analysis Completed Time	Analyzing Lab ID	Source Type	Comments
3100 - Coliform (TCR)	Absent					100	9223B-PA - COLILERT - PRESENCE/AE	03/20/2018	12:45					

Example of Distribution Chlorine Residual:

Field Results and Measurements

Field Results and Measurements

Refresh Add Remove

Parameter	Result	Result UOM	Method	Comments
FreeChlorineResidual	1.06	mg/l		

Section 4: Example of Completed Sample Submission

Example 5: Repeat Total Coliform Absent (TC-)

Microbial

Save Save And Add Another Close * - Required + - Conditionally Required f - Federally Required f - Federally Conditionally Required

Set Default Values for Sample Information

Water System Id: Water System Name Facility: Sampling Point: Sampling Location
 20181305-01 DS001 - DS MAIN SPDS001TCR Spruce Avenue

Sample ID: Collection Date: Collection Time: Sample Received Date:
 20181305-01 03/20/2018 10:55 03/20/2018

Laboratory ID - Name: Sample Type: Sample Volume(ML): Sample Collector Name
 ST11111-Generic Lab-Generic City Repeat 100 Joe Smith

Comment
 SEASONAL STARTUP SAMPLE

Example of Repeat Total Coliform Absent (TC-) Sample Submission:

Repeat Location
 Original Site

Related Original Sample Collected
 Sample ID: 5007044811 (CollectedDate: 08/20/2018 Facility: DS001 SamplingPoint: SPDS001TCR ReportLabID: ST1111 AnalyzeLabID: ST1111)

Set Default Values for Sample Results Table

Microbial Analytes Results

Refresh Add Remove

Analyte	A/P	Count	Units	Volume(ML)	Interference	Volume Assayed(ML)	Method	Analysis Start Date	Analysis Start Time	Analysis Completed Date	Analysis Completed Time	Analyzing Lab ID	Source Type	Comments
3100 - Coliform (TCR)	Absent					100	9223B-PA - COLILERT - PRESENCE/AE	03/20/2018	12:52					

Section 4: Example of Completed Sample Submission

Example 6: Triggered Total Coliform Absent (TC-)

Microbial

Save Save And Add Another Close * - Required + - Conditionally Required f - Federally Required f - Federally Conditionally Required

Set Default Values for Sample Information

Water System Id: [] Water System Name: [] Facility: WL001 - WL [] Sampling Point: SPWL001 [] Sampling Location: Well 1 []

Sample ID: 586654321 [] Collection Date: 08/05/2018 [] Collection Time: 10:15 [] Sample Received Date: 08/05/2018 []

Laboratory ID - Name: ST11111-Generic Lab-Generic City [] Sample Type: Triggered [] Sample Volume(ML): 100 [] Sample Collector Name: B Smith []

Comment

Example of Triggered Total Coliform Absent (TC-) Sample Submission:

Related Original Sample Collected

Sample ID: 7654321 (CollectedDate: 08/01/2018 Facility: DS001 SamplingPoint: SPDS001TCR ReportLabID: ST1111 AnalyzeLabID: ST1111)

Set Default Values for Sample Results Table

Microbial Analytes Results

Refresh Add Remove

<input type="checkbox"/>	Analyte	A/P	Count	Units	Volume(ML)	Interference	Volume Assayed (ML)	Method	Analysis Start Date	Analysis Start Time	Analysis Completed Date	Analysis Completed Time	Analyzing Lab ID	Source Type	Comments
<input type="checkbox"/>	3100 - Coliform (TCR)	Absent					100	9223B-PA - COLILERT - PRESENCE/A	08/05/2018	15:15					