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 RTCR 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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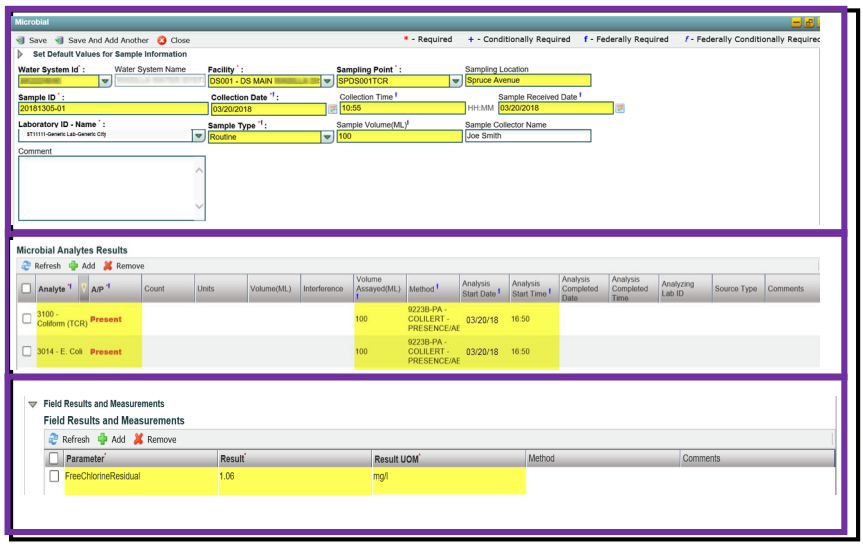

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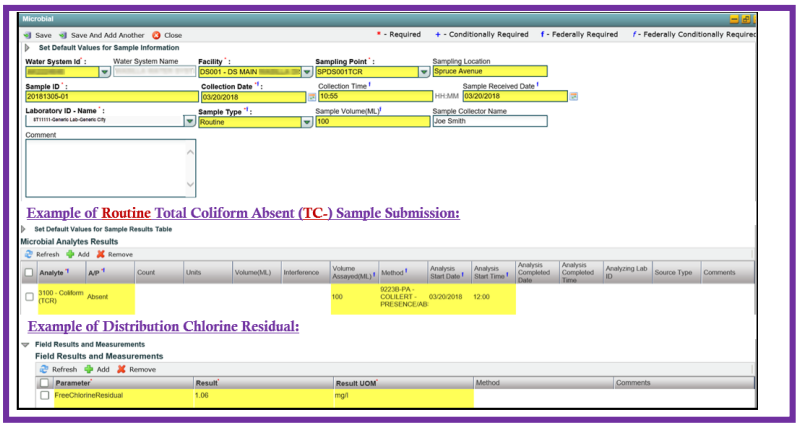

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DATA SUBMISSION GUIDE FOR TOTAL COLIFORM/E.COLI SAMPLES AND DISTRIBUTION CHLORINE THROUGH WEB ENTRY

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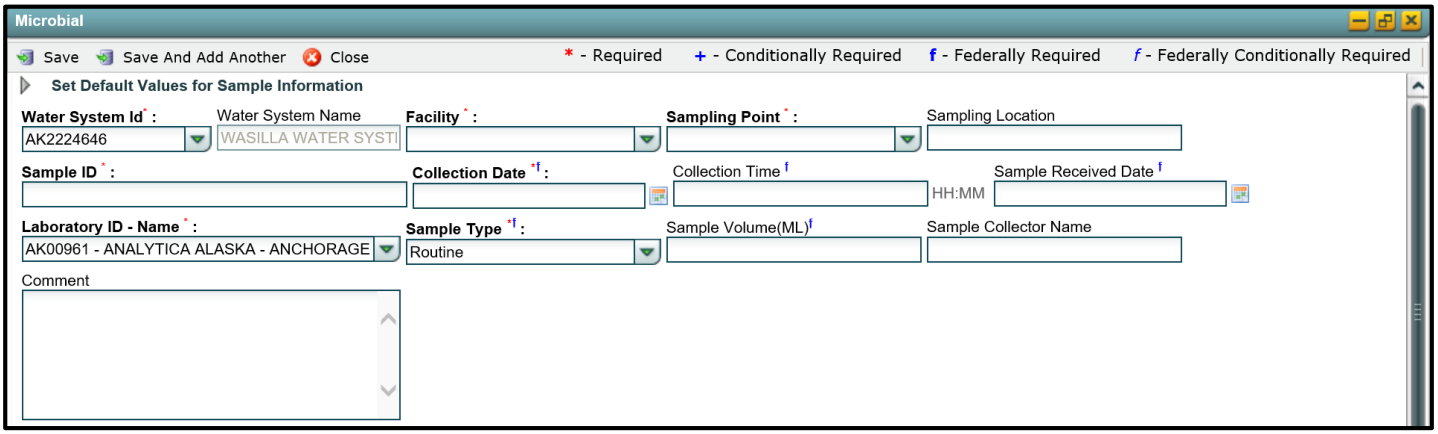
Section 1: Sample Information



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: 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.

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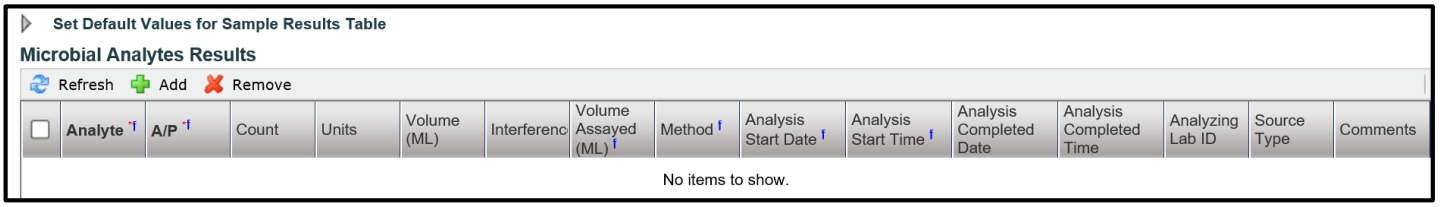
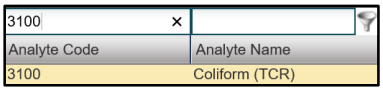
Section 2: Microbial Results



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

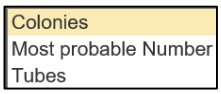


TIP FOR USERS: *Use the search window to filter the **Analyte** list by either searching for the name of the analyte or the analyte code.*

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

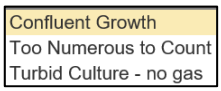
Count: Count of TC+ or EC+ sample. Enter the count *only if* required by analysis method.

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



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.



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.

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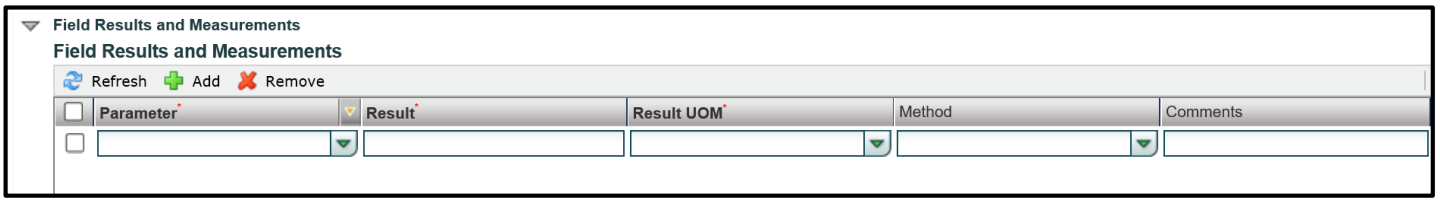
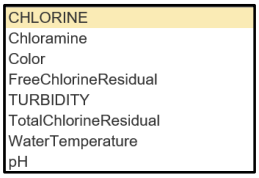
For systems that report a **distribution chlorine residual** along with their routine Total Coliform sample, please report the information in this section.

Section 3: Field Results and Measurements (Distribution Chlorine)



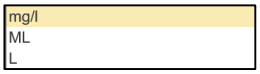
Parameter: From the drop-down menu (pictured below), select the appropriate parameter analyzed, either **FreeChlorineResidual** or **TotalChlorineResidual** depending on what is noted on the COC. If the type is not noted on the COC, use the ***FreeChlorineResidual***.



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.



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
[redacted]	[redacted]	DS001 - DS MAIN [redacted]	SPDS001TCR	Spruce Avenue

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

Laboratory ID - Name * :	Sample Type *f :	Sample Volume(ML) f	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 *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
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 * :	Water System Name	Facility * :	Sampling Point * :	Sampling Location
[redacted]	[redacted]	DS001 - DS MAIN [redacted]	SPDS001TCR	Spruce Avenue

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

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

Comment

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

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
3100 - Coliform (TCR)	Present					100	9223B-PA - COLILERT - PRESENCE/AE	03/20/2018	12:52					
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

Parameter*	Result*	Result UOM*	Method	Comments
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 * :	Water System Name	Facility * :	Sampling Point * :	Sampling Location
[redacted]	[redacted]	DS001 - DS MAIN [redacted]	SPDS001TCR	Spruce Avenue

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

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

Comment

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

Microbial Analytes Results

Refresh | Add | Remove

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
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
[redacted]	[redacted]	DS001 - DS MAIN [redacted]	SPDS001TCR	Spruce Avenue

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

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

Comment: SEASONAL STARTUP SAMPLE

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

Microbial Analytes Results

Refresh | Add | Remove

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
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
[redacted]	[redacted]	DS001 - DS MAIN [redacted]	SPDS001TCR	Spruce Avenue

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

Laboratory ID - Name * :	Sample Type *f :	Sample Volume(ML)f	Sample Collector Name
$T11111-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: $T1111 AnalyzeLabID: $T1111

Set Default Values for Sample Results Table

Microbial Analytes Results

Refresh | Add | Remove

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
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 * :	Sampling Point * :	Sampling Location
[redacted]	[redacted]	WL001 - WL [redacted]	SPWL001	Well 1

Sample ID * :	Collection Date *f :	Collection Time f		Sample Received Date f
586654321	08/05/2018	10:15	HH:MM	08/05/2018

Laboratory ID - Name * :	Sample Type *f :	Sample Volume(ML) f	Sample Collector Name
ST11111-Generic Lab-Generic City	Triggered	100	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

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
3100 - Coliform (TCR)	Absent					100	9223B-PA - COLILERT - PRESENCE/A	08/05/2018	15:15					