Data Submission Guide for CMDP LT2 E.coli Samples

(reported through <u>WEB ENTRY</u> form)

Document Instructions

The web entry form used for reporting LT2 *E.coli* samples is separated into three distinct sections including general *Sample Information* (see <u>page 2</u>), *Microbial Results* (see <u>page 3</u>) and *Field Results and Measurements* (*Do not use for LT2 E.coli reporting*). Additionally, this document includes the Methods Chart (<u>page 3</u>) and an example of a completed sample submission (<u>page 4</u>).

Submit the information as described on the following pages for *E.coli* samples for systems who are covered under LT2 requirements (specified in the Long Term 2 Enhanced Surface Water Treatment Rule). This guidance document will highlight the required fields within each section.

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

Samples will be rejected if the <u>required fields</u> are left blank.

Additionally keep in mind:

- <u>Do not</u> base data submissions off the symbols (*, +-, f) and labels located in the upper right section of the sample data entry screen.
- For samples received at the lab outside the acceptable temperature ranges of 0-10 degrees C, refer to the <u>Unanalyzed</u> <u>Samples Data Submission Guide</u>
- If you have questions please contact our CMDP support staff at <u>dec.cmdpsupport@alaska.gov</u>.

Microbial	
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Set Default Values for Sample Information	
Water System Id Water System Name Facility : Sampling Point : AK2240456 HOMER WATER SYSTEM IN001 - 40569 - IN CITY OF HOMER WATER SYSTEM SPIN001 LT2 RAW WATER SPIN00	Section 1. Somela
Sample ID : Collection Date ¹ : Collection Time (24-hr) Sample Received Date ¹	Section 1: Sample
Consecution Bala : Consecution	Information
Laboratory ID - Name ': Sample Type '': Sample Volume(ML) [/] Sample Collector Name [AK00861 - ANALYTICA ALASKA - ANCHORAGE C Routine V 100 SAM SMITH	
	(page 2)
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Set Default Values for Sample Results Table	
Microbial Analytes Results	Results
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Applied Volume Volume Analysis Analysis Analysis Analysis Analysis	(puge 5)
(ML) Methods (ML)	Methods Chart on page 3
9223B-QT - less that 1	Wiethous churt on page 5
3014 - E. Coli Absent 100 Jess that 1 Cult Colifer - 0307/2018 10.20 E.colife - 0307/2018	
✓ Field Results and Measurements	Continue 2. Field Deculto
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DATA SUBMISSION FOR LT2 E.COLI SAMPLES THROUGH WEB ENTRY	DO NOT OSET ON ETZ
Section 4: Example of Completed Sample Submission	
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Sample ID*: Collection Time ! Sample Received Date ! 11806980001 030562018 ⊠ [10-10] H+MM [03070218] ⊠	
Laboratory ID - Name : Sample Type "1: Sample Volume(ML)" Sample Collector Name AK00961 - ANALYTICA ALASKA - ANCHORAGE Reference 100 100 JOE SMITH	
Comment SeC	tion <u>4</u> : Example of a
	ompleted Sample
	Submission
Set Default Values for Sample Results Table	
Microbial Analytes Results	(page 4)
Example of LT2 E.coli Absent Sample:	
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30/4 - E. Call Absent 9223B-QT - COLLERT - 03/07/2018 MOL is less than 1 D/20 00	
Example of LT2 E.coli Present Sample:	
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Dill-E present 1 Monthetic 100 Coll	

DATA SUBMISSION FOR LT2 E.COLI SAMPLES THROUGH WEB ENTRY

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 1: Sample Information

Microbial				
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Set Default Values for Sample Information				^
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Sample ID [*] : C	Collection Date ^{•f} :	Collection Time ^f	Sample Received Date ¹ HH:MM	
	ample Type * ¹ : S Routine	Sample Volume(ML) ^f	Sample Collector Name]
Comment				E

<u>Water System ID</u>: Public Water System identification number (PWSID).

<u>Water System Name</u>: 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. 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**".

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

If you are unsure of the Facility ID and Sampling Point ID to enter, refer to either the:

- <u>Monitoring Summary (PDF)</u> which describes how to find this information through Drinking Water Watch.
- <u>PWS Facility/Sample Point List (XLS)</u> which provides the appropriate Facility ID and Sample Point ID for each analyte sampled for an individual public water system.

<u>Sampling Location</u>: This field must describe the location where the sample was taken (i.e., raw water). Keep description succinct (*numbers, letters, dash/underscore* (-_) *only*).

Add "LT2" to the beginning of the sample location listed on the lab chain of custody (COC) if the system does not include it.

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

<u>Collection Date</u>: 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).

<u>Laboratory ID-Name</u>: This field will auto-populate with the appropriate lab submitting data through CMDP or select the lab name from the drop down menu.

<u>Sample Type</u>: This field will auto-populate with the **Routine** sample type. Leave as is.

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

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

Comment: Not required, however if comments are provided, please limit characters to numbers, letters, dash or underscore (-___). In particular, do NOT include quotation marks.

DATA SUBMISSION FOR LT2 E.COLI SAMPLES THROUGH WEB ENTRY

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

	Set Default	Values for	Sample Res	sults Table												
Che	m/Rads	Results														
2	Refresh I	ት Add 🎽	Remove													
	Analyte	Not Detected	Result ^f	Result UOM ^f	Standard Deviation (+/-) ^f	Reporting Limit ⁷	Reporting Limit UOM *f	Volume Assayed (ML)	Method ^f	Analysis Start Date ^f	Analysis Start Time (24-hr) ^f	Analysis Completed Date	Analysis Completed Time (24-hr)	Analyzing	Person Performing Analysis	Comments
								N	o items to sl	how.						

Analyte: From drop down menu, select 3014= E.coli.

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

Absent Present

NOTE: If absent, a <u>Comment is required</u> 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.

<u>Count</u>: 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 drop down menu, select either the 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.

If No E.coli found in sample, report the sample as Absent.

Volume (ML): If the result is **Present**, enter volume of sample.

Interference: Not required but report if applicable.

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

<u>Method</u>: This drop down list includes methods for <u>ALL microbial analyses</u> 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	9223B18QT-COLILERT-18- QUANTITRAY (MPN)			
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).

<u>Analyzing Lab ID</u>: 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.

Person Preforming Analysis: Not required.

<u>Comments</u>: For samples where *E.coli* is <u>NOT present</u>, submit the <u>method detection limit (MDL) for the analysis through this</u> field. Please limit characters to numbers, letters, dash or underscore (-__). In particular, do NOT include quotation marks.

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 should NOT be used for LT2 E.coli sample submittals. Please leave fields blank.

DATA SUBMISSION FOR LT2 E.COLI SAMPLES THROUGH WEB ENTRY

Microbial								
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	IN001 - IN CITY OF HOMER W,			LT2 RAW WATE				
Sample ID [*] :	Collection Date * ^f :	Collection Time ^f			Received Date ^f			
1180898001	03/06/2018	10:10		HH:MM 03/07/2				
	Sample Type ^{*f} :	Sample Volume(ML)		Sample Collector				
			-	JOE SMITH	Indille			
Comment								
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Set Default Values for Sample Results Table								
Microbial Analytes Results								
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Example of LT2 E.coli Absent	sample:							
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Analyte A/P * Count + Units + Volu		Analysis Star		Analysis Completed	Analysis Completed	Analyzing Person	ning Source	Comments
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	9223	B-QT -						MDL is less
Coli Absent	100 COL	LERT - 03/07/2018	10:20					than 1 E.coli/100
	QUA	NTITRAY						mL.

Example of LT2 E.coli Present Sample:

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