

# Data Submission Guide for CMDP Fecal Coliform Samples

## -for filtration avoidance systems- (reported through WEB ENTRY form)

### Document Instructions

The web entry form used for reporting Fecal Coliform samples for filtration avoidance systems is separated into three distinct sections including general **Sample Information** (see [page 2](#)), **Microbial Results** (see [page 3](#)) and **Field Results and Measurements** (Do not use for Fecal Coliform reporting for systems who avoid filtration). Additionally, this document includes an **example** of a completed sample submission ([page 4](#)).

Submit the information as described on the following pages for **Fecal Coliform** samples for systems who avoid filtration (under the Surface Water Treatment Rule). This guidance document will highlight the required fields within each section.

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 [dec.cmdpsupport@alaska.gov](mailto:dec.cmdpsupport@alaska.gov).

The screenshot shows the 'Microbial' web entry form. The 'Sample Information' section is highlighted with a red bracket. It includes fields for Water System Name (CORDOVA CITY WATER), Facility (IN002 - 35996 - IN ENTITY - EYAK LAKE SURFACE SOURCE), Sampling Point (SPIN002), Sampling Location (EYAK-RAW), Sample ID (112717MU), Collection Date (12/01/2017), Collection Time (08:48), Sample Received Date (12/02/2017), Laboratory ID - Name (AK00961 - ANALYTICA ALASKA - ANCHORAGE), Sample Type (Routine), Sample Volume (100), and Sample Collector Name (JOE SMITH). There is also a comment field.

### Section 1: Sample Information (page 2)

### Section 2: Microbial Results (page 3)

### Section 3: Field Results and Measurements DO NOT USE FOR FC

The screenshot shows the 'Microbial' web entry form. The 'Microbial Analytes Results' section is highlighted with a red bracket. It displays a table with columns: Analyte, A/P, Count, Units, Volume (ML), Interference, Volume Assayed (ML), Method, Analysis Start Date, Analysis Start Time (24-hr), Analysis Completed Date, Analysis Completed Time (24-hr), Analyzing Lab ID, Person Performing Analysis, Source Type, and Comments. The table shows one result for '3013 - Fecal Coliform' with a count of 'Absent' and a volume of '100'. The method is '9222D - FECAL COLIFORM MEMBRANE FILTER' and the analysis start date is '12/09/2017' at '08:48'.

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

# FECAL COLIFORM SAMPLES FOR FILTRATION AVOIDANCE SYSTEMS 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

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<sup>\*</sup>: AK2293205 Water System Name: CORDOVA CITY WATER Facility<sup>\*</sup>: Sampling Point<sup>\*</sup>: Sampling Location:

Sample ID<sup>\*</sup>: Collection Date<sup>f</sup>: Collection Time<sup>f</sup>: Sample Received Date<sup>f</sup>: HH:MM

Laboratory ID - Name<sup>\*</sup>: AK00961 - ANALYTICA ALASKA - ANCHORAGE Sample Type<sup>f</sup>: Routine Sample Volume(ML)<sup>f</sup>: 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. The source facility for a surface water 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.

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

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

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

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

If it is unclear where the system took the sample, the lab should confirm the sample location.

**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 or select the lab name from the drop down menu.

**Sample Type**: 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.

# FECAL COLIFORM SAMPLES FOR FILTRATION AVOIDANCE SYSTEMS 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 2: Microbial Results

► Set Default Values for Sample Results Table

### Chem/Rads Results

Refresh

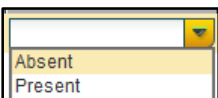
Add

Remove

<input type="checkbox"/>	Analyte	Not Detected	Result	Result UOM	Standard Deviation (+/-)	Reporting Limit	Reporting Limit UOM	Volume Assayed (ML)	Method	Analysis Start Date	Analysis Start Time (24-hr)	Analysis Completed Date	Analysis Completed Time (24-hr)	Analyzing Lab ID	Person Performing Analysis	Comments
No items to show.																

**Analyte:** From drop down menu, select **3013= Fecal Coliform**.

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



If the count is **less than 1**, report the sample as **Absent**.

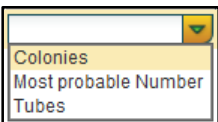
If the count is **1 or more**, report the sample as **Present** and record the result under the **Count** field.

### Count:

If the result is **Absent**, **do NOT enter data into this field**.

If the result is **Present**, enter the count.

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

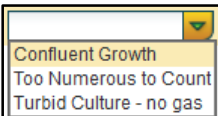


If the result is **Absent**, **do NOT enter data into this field**.

If the result is **Present**, select the appropriate units of measure for the sample result.

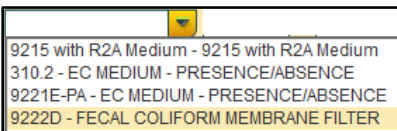
**Volume (ML):** If the result is **Present**, enter volume of sample.

**Interference:** Not required but report if applicable.



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

**Method:** This drop down list includes methods for ALL microbial analyses. Select the **9222D-FECAL COLIFORM MEMBRANE FILTER** method. Samples will be rejected if a different code is used.



**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.

**Person Performing Analysis:** Not required.

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

## Section 3: Field Results and Measurements

**REMINDER!** This section should **NOT** be used for Fecal Coliform sample submittals. Please leave fields blank.

Section 4: Example of Completed Sample Submission

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 : AK2293205

Water System Name : CORDOVA CITY WATER

Facility \* : IN002 - 35996 - IN ENTITY - EYAK LAKE SURFACE SOURCE

Sampling Point \* : SPIN002

Sampling Location : EYAK-RAW

Sample ID \* : 112717MU

Collection Date \*f : 12/01/2017

Collection Time (24-hr)f : 08:48

Sample Received Date f : 12/02/2017

Laboratory ID - Name \* : AK00961 - ANALYTICA ALASKA - ANCHORAGE

Sample Type \*f : Routine

Sample Volume(ML)f : 100

Sample Collector Name : JOE SMITH

Comment

Set Default Values for Sample Results Table

Example of Fecal Coliform Absent Sample:

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 (24-hr) f	Analysis Completed Date	Analysis Completed Time (24-hr)	Analyzing Lab ID	Person Performing Analysis	Source Type	Comments
<input type="checkbox"/>	3013 - Fecal Coliform	Absent					100	9222D - FECAL COLIFORM MEMBRANE FILTER	12/09/2017	08:48						

Example of Fecal Coliform Present Sample:

<input type="checkbox"/>	3013 - Fecal Coliform	Present	2	Colonies	100		100	9222D - FECAL COLIFORM MEMBRANE FILTER	12/09/2017	08:48						
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