

# Data Submission Guide for CMDP *LT2 E.coli* Samples

(reported through EXCEL TEMPLATE)

## Document Instructions

The Excel template used for reporting LT2 *E.coli* samples 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 LT2 *E.coli* reporting). Additionally, this document includes the **Methods Chart** ([page 3](#)) and an **example** of a completed sample submission ([page 4](#)).

Submit the information as described on the following pages for *E.coli* samples for systems 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 **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.
- For samples received at the lab outside the acceptable temperature ranges of 0-10 degrees C, refer to the [Unanalyzed Samples Data Submission Guide](#)
- If you have questions please contact our CMDP support staff at [dec.cmdpsupport@alaska.gov](mailto:dec.cmdpsupport@alaska.gov).

Reporting Lab ID	Generate XML	Sample Information	Results	Field Results and Measurements (optional)																																	
Sample ID	Sample Received Date	WS ID	Facility ID	Sampling Point ID	Sampling Location	Collection Date	Collection Time (AM)	Sample Type	Sample Volume (ML)	Repeat Location	Original Sample ID	Original Reporting Lab ID	Original Collection Date	Comment	Analyst Colliert Name	Analyst Code	AP#	Count	Units	Volume Analyzed (ML)	Interferance	Volume Analyzed (ML)	Method	Analysis Start Date	Analysis Start Time	Analysis Complete Date	Analysis Complete Time	Analysis Name	Analysis Lab ID	Source Type	Comment	Parameter Code Name	Result	Result Unit	Method	Analyst Name	Comment

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

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

**Section 3: Field Results and Measurements**  
*DO NOT USE FOR LT2*

Analysis Method Used		Report this Method in CMDP
9223 B Colilert-18 MPN		9223B-18QT-COLILERT-18-QUANTITRAY (MPN)
9223 B Colilert MPN		9223B-QT-COLILERT-QUANTITRAY
MF (mColiBlue 24 MPN)		M-COLIBLUE24-M-COLIBLUE24

*Methods Chart on page 3*

Sample Information		Results
Reporting Lab ID	AB00951	
Sample ID	57409	9223B-18QT-COLILERT-18-QUANTITRAY
Sample Received Date	5/2/2018	9/2/2018
WS ID	AK230456	
Facility ID	AB001	
Sampling Point ID	SP0002	
Sampling Location	LT2 RAW WATER	
Collection Date	5/2/2018	9/2/2018
Collection Time (AM)	10:30	10:30
Sample Type	Surface	
Sample Volume (ML)	100	
Repeat Location		
Original Sample ID		
Original Reporting Lab ID		
Original Collection Date		
Comment		WOL IS LESS THAN 1.000/100 ML
Analyst Colliert Name		
Analyst Code		
AP#		
Count		
Units		
Volume Analyzed (ML)		
Interferance		
Volume Analyzed (ML)		
Method		
Analysis Start Date		
Analysis Start Time		
Analysis Complete Date		
Analysis Complete Time		
Analysis Name		
Analysis Lab ID		
Source Type		
Comment		

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

# DATA SUBMISSION FOR LT2 E.COLI SAMPLES THROUGH EXCEL TEMPLATE

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

<b>CMDP</b> Compliance Monitoring Data Portal	<b>Microbiological Samples</b>														
Reporting Lab. ID *	Generate XML														
Sample Information (* - Field required for record to exist)															
Sample ID *	Sample Received Date <sup>f</sup>	WS ID *	Facility ID *	Sampling Point ID *	Sampling Location	Collection Date <sup>f</sup>	Collection Time (24H) <sup>f</sup>	Sample Type <sup>f</sup>	Sample Volume <sup>f</sup>	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. 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".

**Sampling Point ID:** Select the appropriate sample point related to the intake (SW) or well (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:

- [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 Sampling 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). 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.**

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

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

**Sample Type:** From the drop down menu, select the **Routine** sample type.

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

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

**Original Sample ID:** Not required.

**Original Reporting Lab. ID:** Not required.

**Original Collection Date:** Not required.

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

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

# DATA SUBMISSION FOR LT2 E.COLI SAMPLES THROUGH EXCEL TEMPLATE

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

**Results**  
(\* - Field required for record to exist)

Analyte <sup>†</sup> [Code - Name]	A/P <sup>†</sup>	Count	Units <sup>*</sup>	Volume (ML) <sup>*</sup>	Interference	Volume Assayed (ML) †	Method <sup>†</sup>	Analysis Start Date <sup>†</sup>	Analysis Start Time <sup>†</sup>	Analysis Completed Date	Analysis Completed Time	Analyst Name	Analyzing Lab ID	Source Type	Comment

**Analyte [Code-Name]:** From the drop down menu, select **3014 E.coli**.

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

Absent
Present

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

**NOTE:** If absent, a Comment is required 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.

**Count:** 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 the drop down menu (pictured below), select either **Most probable Number** or **Colonies** for the sample result as appropriate.

Colonies
Tubes
Most Probable Nu

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:** 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.

**NOTE:** Methods that only report a Presence/Absence result are NOT approved for LT2 samples.

**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).

**Analyst Name:** Not required.

**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.

**Comment:** For samples where *E.coli* is **NOT present**, submit the **method detection limit (MDL) for the analysis through this 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.

Methods Chart	
Analysis Method Used	Report this Method in CMDP
9223 B Colilert-18 MPN	9223B-18QT-COLILERT-18-QUANTITRAY (MPN)
9223 B Colilert MPN	9223B-QT-COLILERT-QUANTITRAY
MF (mColiBlue 24 MPN)	M-COLIBLUE24-M-COLIBLUE24

## 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 GUIDE FOR LT2 SAMPLES THROUGH EXCEL TEMPLATE

## Section 4: Example of Completed Sample Submission

Sample Information (* - Field required for record to exist)															Results (* - Field required for record to exist)										Field Results and Measurements (Optional)									
Sample ID	Sample Received Date	WS ID	Facility ID	Sampling Point ID	Sampling Location	Collection Date	Collection Time (24H)	Sample Type	Sample Volume (ML)	Repeat Location	Original Sample ID	Original Reporting Lab ID	Original Collection Date	Comment	Sample Collector Name	Analyte Code - Name	A/P	Count	Units	Volume (ML)	Interference	Volume Assayed (ML)	Method	Analysis Start Date	Analysis Start Time	Analysis Completed Date	Analysis Completed Time	Analyst Name	Analyzing Lab ID	Source Type	Comment	Parameter Code - Name	Measurement	
5708-01	3/7/2018	AK2240456	IN001	SPIN001	LT2 RAW WATER	3/6/2018	10:10	Routine	100						JOE SMITH	014 - E. COLI	Absent			100		100	9223B-QT-COLLERT - QUANTITRAY	3/7/2018	10:20									
																014 - E. COLI	Present	1	Most Probable Number	100		100	9223B-QT-COLLERT - QUANTITRAY	3/7/2018	10:20									

DO NOT USE FOR LT2

## Sample Information

Reporting Lab. ID *		AK00961														
Sample Information (* - Field required for record to exist)																
Sample ID *	Sample Received Date <sup>f</sup>	WS ID *	Facility ID *	Sampling Point ID *	Sampling Location	Collection Date <sup>*f</sup>	Collection Time (24H) <sup>f</sup>	Sample Type <sup>*f</sup>	Sample Volume <sup>f</sup>	Repeat Location	Original Sample ID <sup>+</sup>	Original Reporting Lab.ID	Original Collection Date	Comment	Sample Collector Name	
57408-1	3/7/2018	AK2240456	IN001	SPIN001	LT2 RAW WATER	3/6/2018	10:10	Routine	100						JOE SMITH	

## 2 Example of a Sample Result (Absent):

Results (* - Field required for record to exist)																
Analyte <sup>*f</sup> [Code - Name]	A/P <sup>*f</sup>	Count	Units <sup>+</sup>	Volume (ML) <sup>+</sup>	Interference	Volume Assayed (ML) <sup>f</sup>	Method <sup>f</sup>	Analysis Start Date <sup>f</sup>	Analysis Start Time <sup>f</sup>	Analysis Completed Date	Analysis Completed Time	Analyst Name	Analyzing Lab ID	Source Type	Comment	
3014 - E. COLI	Absent					100	9223B-QT-COLLERT - QUANTITRAY	3/7/2018	10:20						MDL IS LESS THAN 1 E.COLI/100 ML	

## 2 Example of a Sample Result (Present):

Results (* - Field required for record to exist)																
Analyte <sup>*f</sup> [Code - Name]	A/P <sup>*f</sup>	Count	Units <sup>+</sup>	Volume (ML) <sup>+</sup>	Interference	Volume Assayed (ML) <sup>f</sup>	Method <sup>f</sup>	Analysis Start Date <sup>f</sup>	Analysis Start Time <sup>f</sup>	Analysis Completed Date	Analysis Completed Time	Analyst Name	Analyzing Lab ID	Source Type	Comment	
3014 - E. COLI	Present	1	Most Probable Number	100		100	9223B-QT-COLLERT - QUANTITRAY	3/7/2018	10:20							