

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

(reported through EXCEL TEMPLATE)

Document Instructions

The Excel template used for reporting Total Coliform (TC) and E.coli (EC) samples for RCTC and distribution chlorine (if applicable) is separated into three distinct sections including general **Sample Information** (see [page 2](#)), **Microbial Results** (see [page 3](#)) and **Field Results and Measurements** for reporting distribution chlorine (see [page 4](#)). Additionally, this document includes the **Methods Chart** ([page 3](#)) and **examples** of completed sample submissions ([pages 5-6](#)).

Submit the information as described on the following pages for **TC/EC** samples and distribution chlorine (if applicable). 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.
- If you have questions please contact our CMDP support staff at dec.cmdpsupport@alaska.gov.

Sample Information (* - Field required for record to exist)													Results (* - Field required for record to exist)										Field Results and Measurements (Optional) (* - Field required for record to exist)														
Sample ID	Sample Received Date	WS ID	Facility ID	Sampling Point ID	Sampling Location	Collection Date	Collection Time (24hr)	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	Result	Result UOM	Method	Analyst Name	Comment

Section 1: Sample Information (page 2)

Section 2: Microbial Results (page 3)

Section 3: Field Results and Measurements (page 4)

Analysis Method Used	Report this Method in CMDP
9223 B Colilert-18 MPN	9223B-18QT-COLILERT-18-QUANTITRAY (MPN)
9223 B Colilert-18 PA	9223B-18-PA-COLILERT-18-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

Methods Chart on page 3

Sample Information (* - Field required for record to exist)													Results (* - Field required for record to exist)										Field Results and Measurements (Optional) (* - Field required for record to exist)																		
Sample ID	Sample Received Date	WS ID	Facility ID	Sampling Point ID	Sampling Location	Collection Date	Collection Time (24hr)	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	Result	Result UOM	Method	Analyst Name	Comment				
Examples 1-6: Routine Total Coliform Absent (TC-) Sample Submissions																																									
5659202	9/10/2019	AK200456	05001	SPO5001TCR	Health Clinic	9/10/2019	8:15	Routine	100																																
Examples 7-8: Routine Total Coliform Absent (TC+) / E. coli Absent (EC-) Sample Submissions																																									
23027	8/17/2019	AK213006	05001	SPO5001TCR	Staff Kitchen	8/17/2019	12:30	Routine	100																																
Examples 9-10: Routine Total Coliform Absent (TC+) / E. coli Present (EC+) Sample Submissions																																									
AE180778	6/11/2019	AK213006	05002	SPO5001TCR	Office Faucet	6/11/2019	13:15	Routine	100																																
Examples 11-12: Free Chlorine Residual (FC) Sample Submissions																																									
1013																																									

Section 4: Examples of Completed Sample Submissions (pages 5-6)

- Example 1: Routine TC-, p. 5
- Example 2: Routine TC+/EC-, p. 5
- Example 3: Routine TC+/EC+, p. 5
- Example 4: Repeat TC-, p. 6
- Example 5: Triggered TC-, p. 6
- Example 6: Special TC, p. 6

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

CMDP <small>Compliance Monitoring Data Portal</small>	<h2 style="margin: 0;">Microbiological Samples</h2>														
	<input style="width: 100px; height: 20px;" type="text"/> <input type="button" value="Generate XML"/>														
Sample Information <small>(* - Field required for record to exist)</small>															
Sample ID *	Sample Received Date ^f	WS ID *	Facility ID *	Sampling Point ID *	Sampling Location	Collection Date ^f	Collection Time (24H) ^f	Sample Type ^f	Sample Volume ^f	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.

Sampling Point ID: Select the appropriate sample point related to the 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 from in the distribution system (i.e., 123 Main Street, Health Clinic, Kitchen sink, etc.). Keep description succinct (*numbers, letters, dash/underscore (-_) only*).

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

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

Sample Type: From the drop down menu (pictured below), select the appropriate sample type (i.e., routine, repeat, special, triggered, etc.).

Routine	^
Repeat	
Triggered	
Confirmation	
Special	

NOTE: If you are submitting a sample that is [Not For Compliance](#), select **Special** from the **Sample Type** drop down menu.

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

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

Original Sample ID: If reporting a **Repeat** or **Triggered** sample, enter the lab **Sample ID** of the original TC+ sample that caused the repeat or triggered sample(s) to be collected.

Original Reporting Lab. ID: Not required but report if information if available.

Original Collection Date: Not required but report if information if available (MM/DD/YY).

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 GUIDE FOR TOTAL COLIFORM/E. COLI SAMPLES AND DISTRIBUTION CHLORINE 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 ^{*,†} [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	

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

2078 - CRYPTOSPORIDIUM ^
3000 - COLIFORM (PRE-TCF
3001 - HETEROTROPHIC BA
3002 - ENTEROCOCCI
3003 - FECAL STREPTOCOC
3004 - STAPHYLOCOCCUS
3005 - NON-COLIFORM GR
3006 - IRON BACTERIA ID v

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

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
Tubes
Most Probable Nu

Volume: 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: 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-18QT-COLILERT-18-QUANTITRAY (MPN)
9223 B Colilert-18 PA	9223B-18-PA-COLILERT-18-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).

Analyst Name: Not required but report if information is available.

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

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

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 (Optional)					
(* - Field required for record to exist)					
Parameter* [Code - Name]	Result*	Result UOM*	Method	Analyst Name	Comment

Parameter [Code-Name]: From the drop down menu (pictured below), select the appropriate parameter analyzed, either **1013-FreeChlorineResidual** or **1012-TotalChlorineResidual** depending on what is noted on the COC. If the type is not noted on the COC, use the **Free Chlorine Residual**.

- 0100 - Turbidity
 - 0999 - Chlorine
 - 1006 - Chloramine
 - 1012 - Total Chlorine Residual
 - 1013 - Free Chlorine Residual
 - 1925 - pH
 - 1996 - Temperature
 - 1905 - Color

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
 - Fahrenheit
 - Celsius
 - NTU
 - pH
 - mL
 - L
 - CU

Method: Do NOT report data in this field.

Analyst Name: 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.

DATA SUBMISSION GUIDE FOR TOTAL COLIFORM/E. COLI SAMPLES AND DISTRIBUTION CHLORINE THROUGH EXCEL TEMPLATE

Section 4: Examples of Completed Sample Submissions (Routine Sample – Examples 1 – 3)

1 Sample Information (* - Field required for record to exist)														2 Results (* - Field required for record to exist)										3 Field Results and Measurements (Optional) (* - Field required for record to exist)																		
Sample ID	Sample Received Date ^f	WS ID*	Facility ID*	Sampling Point ID*	Sampling Location	Collection Date ^f	Collection Time (24H) ^f	Sample Type ^{*f}	Sample Volume (ML) ^f	Repeat Location	Original Sample ID	Original Reporting Lab.ID	Original Collection Date	Comment	Sample Collector Name	[Code - Name]	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	Analyst Name	Analyzing Lab ID	Source Type	Comment	[Code - Name]	Result*	Result UOM*	Method	Analyst Name	Comment					
56697423	9/10/2019	AK2240456	DS001	SPDS001TCR	Health Clinic	9/10/2019	08:15	Routine	100						KB	3100 - COLIFORM (TCR)	Absent					100	M-COLIBLUE24-M-COLIBLUE24	9/10/2019	12:56							AK00911										
23027	8/17/2019	AK2120606	DS001	SPDS001TCR	Staff Kitchen	8/17/2019	12:30	Routine	100						WD	3100 - COLIFORM (TCR)	Present					100	9223B-18-COLILERT-18 - PRESENCE	8/18/2019	09:00							AK00971										
AE18077B	6/11/2019	AK2110106	DS002	SPDS002TCR	Office Faucet	6/1/2019	13:15	Routine	100						TH	3100 - COLIFORM (TCR)	Present					100	9223B-18-COLILERT-18 - PRESENCE	8/18/2019	09:00							AK00971										
11745391	7/19/2019	AK2224646	DS001	SPDS001TCR	Spruce Ave	7/19/2019	09:30	Special	100					For BWN	KB	3100 - COLIFORM (TCR)	Absent					100	9223B-PA-COLILERT - PRESENCE/AB	6/1/2019	15:45							AK000976										
23029	8/30/2019	AK2120606	DS001	SPDS001TCR	123 Main St	8/30/2019	08:00	Repeat	100	Downstream	23027				KB	3100 - COLIFORM (TCR)	Absent					100	9223B-PA-COLILERT - PRESENCE/AB	7/19/2019	12:13							AK00018										
A26564	8/10/2019	AK2220170	WL001	SPWL001	Well #1	8/10/2019	10:15	Triggered	100		3596712				KB	3100 - COLIFORM (TCR)	Absent					100	9223B-PA-COLILERT - PRESENCE/AB	8/10/2019	12:13							AK00911										

Sample Information

1 Sample Information (* - Field required for record to exist)															
Sample ID*	Sample Received Date ^f	WS ID*	Facility ID*	Sampling Point ID*	Sampling Location	Collection Date ^{*f}	Collection Time (24H) ^f	Sample Type ^{*f}	Sample Volume (ML) ^f	Repeat Location	Original Sample ID ⁺	Original Reporting Lab.ID	Original Collection Date	Comment	Sample Collector Name
Example 1: Routine Total Coliform Absent (TC-) Sample Submission															
56697423	9/10/2019	AK2240456	DS001	SPDS001TCR	Health Clinic	9/10/2019	8:15	Routine	100						KB
Example 2: Routine Total Coliform Absent (TC+) / E. coli (EC-) Sample Submission															
23027	8/17/2019	AK2120606	DS001	SPDS001TCR	Staff Kitchen	8/17/2019	12:30	Routine	100						WD
Example 3: Routine Total Coliform Absent (TC+) / E. coli (EC+) Sample Submission															
AE18077B	6/11/2019	AK2110106	DS002	SPDS002TCR	Office Faucet	6/1/2019	13:15	Routine	100						KB

Examples of a Sample Result (Present/Absent):

2 Results (* - Field required for record to exist)																
Analyte ^{*f} [Code - Name]	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	Analyst Name	Analyzing Lab ID	Source Type	Comment	
Example 1: Routine Total Coliform Absent (TC-) Sample Submission																
3100 - COLIFORM (TCR)	Absent					100	9223B-PA-COLILERT - PRESENCE/ABSENCE	9/11/2019	12:56				AK00911			
Example 2: Routine Total Coliform Present (TC+) / E.coli Absent (EC-) Sample Submission																
3100 - COLIFORM (TCR)	Present					100	9223B-PA-COLILERT - PRESENCE/ABSENCE	8/18/2019	9:00				AK00971			
3014 - E. COLI	Absent					100	9223B-PA-COLILERT - PRESENCE/ABSENCE	8/18/2019	9:00				AK00971			
Example 3: Routine Total Coliform Present (TC+) / E.coli Present (EC+) Sample Submission																
3100 - COLIFORM (TCR)	Present					100	9223B-PA-COLILERT - PRESENCE/ABSENCE	6/1/2019	15:45				AK000976			
3014 - E. COLI	Present					100	9223B-PA-COLILERT - PRESENCE/ABSENCE	6/1/2019	15:45				AK000976			

Field Results and Measurements

3 Field Results and Measurements (Optional) (* - Field required for record to exist)					
Parameter [*] [Code - Name]	Result [*]	Result UOM [*]	Method	Analyst Name	Comment
Example 1: Routine Total Coliform Absent (TC-) Sample Submission					
1013 - Free Chlorine Residual	0.5	mg/L			

