# 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) 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* for reporting distribution chlorine (see <u>page 4</u>). Additionally, this document includes the Methods Chart (<u>page 3</u>) and examples of completed sample submissions (<u>pages 5-10</u>).

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.

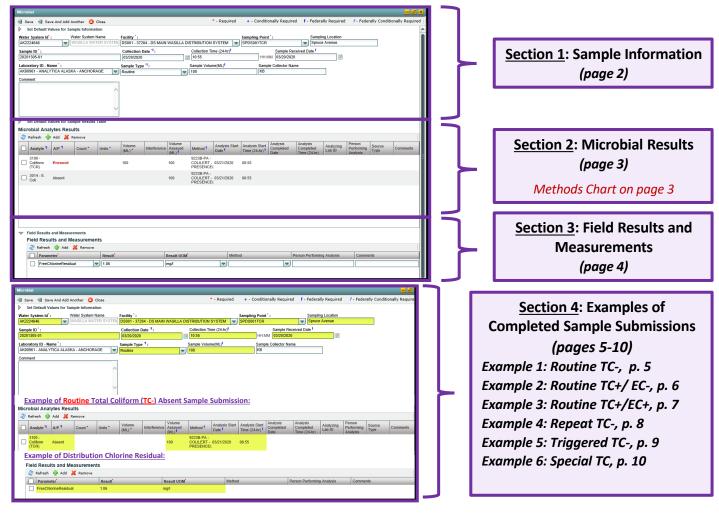
Header fields in **BLUE** and underlined text are conditionally or situationally required.

Header fields in **BLACK text** are not required for a successful data submission.

Samples will be rejected if the <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.
- Use drop down icons (**□**) to filter data.
- If you have questions please contact our CMDP support staff at dec.cmdpsupport@alaska.gov.

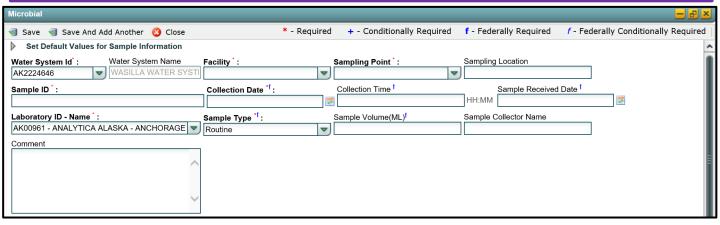


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### Section 1: Sample Information



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.

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.

<u>Sampling Location</u>: 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).

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.

<u>Sample Type</u>: 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 <u>repeat</u> or <u>triggered</u> sample, select **Repeat** or **Triggered** from the <u>Sample Type</u> drop down menu as appropriate.

If you are submitting a sample that is <u>Not For Compliance</u>, select **Special** from the <u>Sample Type</u> 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**: Not required, however if comments are provided, please limit characters to numbers, letters, dash or underscore (-\_\_). In particular, do NOT include quotation marks.

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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**

٢	Set Default Values for Sample Results Table															
	Microbial Analytes Results															
	æ Refresh 🖕 Add 💥 Remove															
	Analyte 1	A/P *f	Count *	Units *	Volume (ML) *	Interference	Volume Assayed (ML)	Method <sup>f</sup>	Analysis Start Date	Analysis Start Time (24-hr)	Analysis Completed Date	Analysis Completed Time (24-hr)	Analyzing Lab ID	Person Performing Analysis	Source Type	Comments
	No items to show.															

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

3100	×		8
Analyte Code		Analyte Name	
3100		Coliform (TCR)	

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

<u>A/P</u>: 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.

Colonies Most probable Number Tubes

<u>Volume (ML)</u>: 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.

Confluent Growth
Too Numerous to Count
Turbid Culture - no gas

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.

<u>Analysis Start Date</u>: Date when lab began analysis (MM/DD/YY).

<u>Analysis Start Time</u>: Time when lab began analysis (HH:MM).

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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 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.

Person Performing Analysis: Not required.

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.

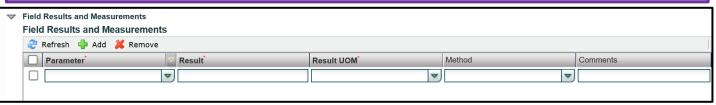
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Header fields in <u>RED and underlined text</u> below are **required** in order to meet federal and state reporting requirements. Header fields in **BLUE** and underlined text are *conditionally or situationally required*.

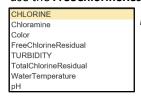
Header fields in BLACK text are not required for a successful data submission.

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)



<u>Parameter</u>: 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.

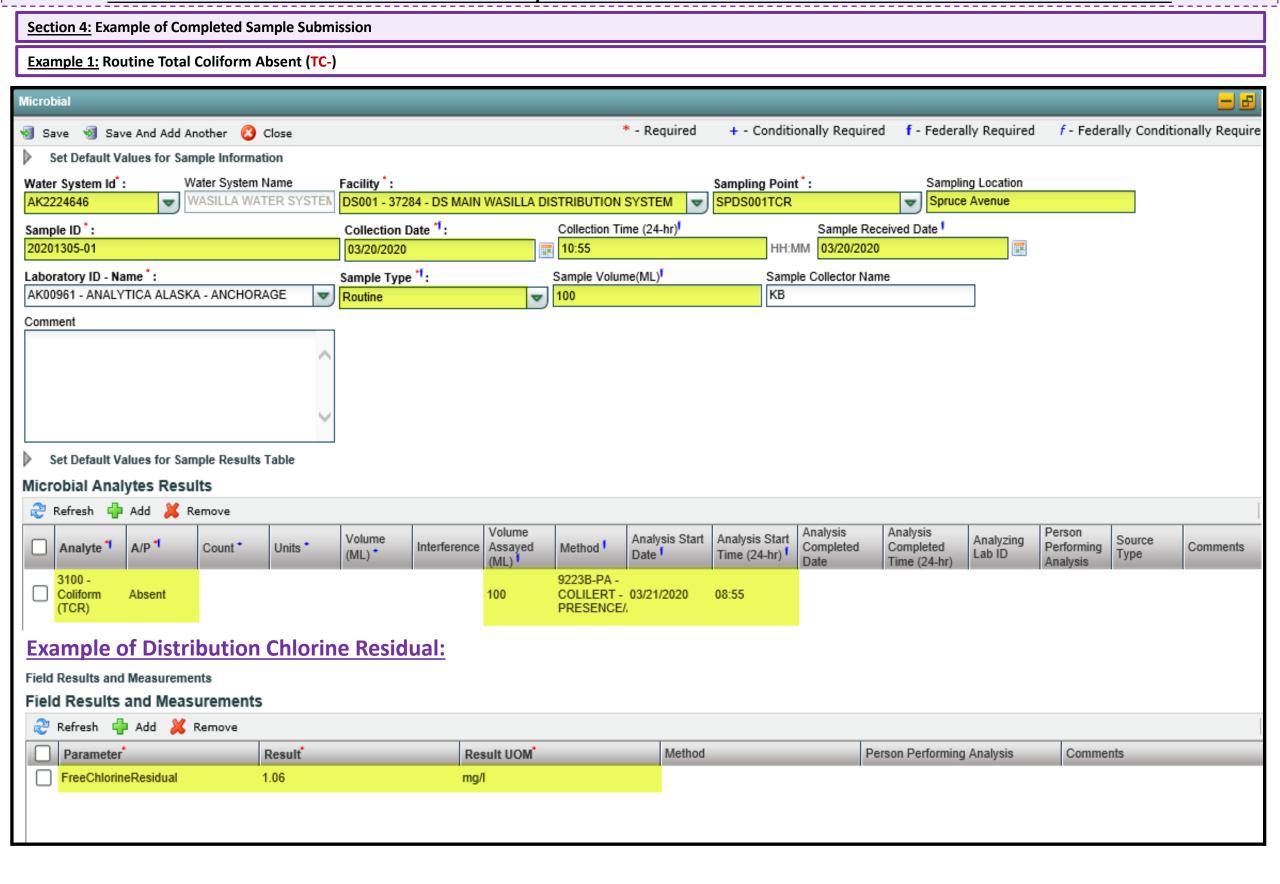
Result: Enter the numerical value of the field result/measurement.

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



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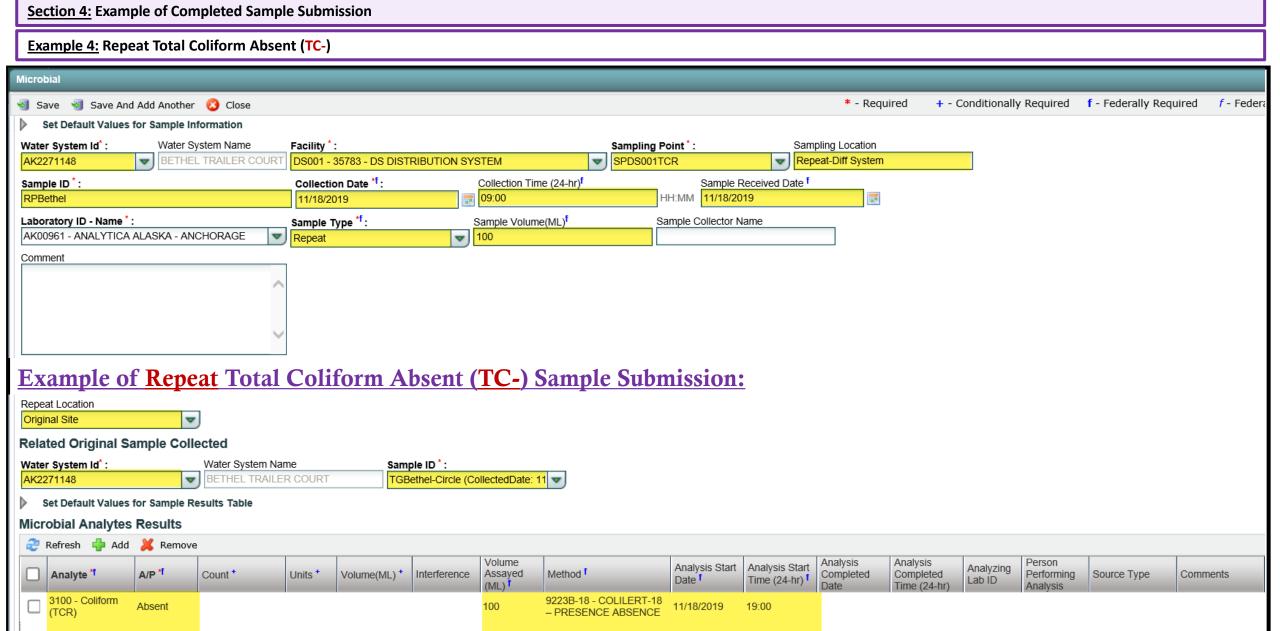
#### DATA SUBMISSION GUIDE FOR TOTAL COLIFORM/E. COLI SAMPLES AND DISTRIBUTION CHLORINE THROUGH WEB ENTRY Section 4: Example of Completed Sample Submission Example 2: Routine Total Coliform Present (TC+) /E.coli Absent (EC-) Microbial f - Federally Conditionally Require Required + - Conditionally Required f - Federally Required 🧐 Save 🔞 Save And Add Another 🙆 Close Set Default Values for Sample Information Water System Name Sampling Location Water System Id : Facility : Sampling Point: AK2224646 WASILLA WATER SYSTEM DS001 - 37284 - DS MAIN WASILLA DISTRIBUTION SYSTEM SPDS001TCR Spruce Avenue Collection Date \*: Collection Time (24-hr) Sample Received Date 1 Sample ID:: 20201305-01 10:55 HH:MM 03/20/2020 03/20/2020 Laboratory ID - Name : Sample Type 1: Sample Volume(ML) Sample Collector Name AK00961 - ANALYTICA ALASKA - ANCHORAGE Routine 100 Comment Example of Routine Total Coliform Present (TC+) / E.coli Absent (EC-) Sample Submission: Microbial Analytes Results Refresh 🖶 Add 💥 Remove Volume Analysis Analysis Person Analysis Start Volume Analysis Start Analyzing Source A/P \* Performing Units \* Interference Assayed Method 1 Completed Completed Comments Analyte 1 Count 1 (ML) Date 1 Time (24-hr) Lab ID Type (ML) Time (24-hr) Analysis 3100 -9223B-PA -Coliform COLILERT - 03/21/2020 Present 100 08:55 PRESENCE/. (TCR) 9223B-PA -3014 - E. Absent 100 COLILERT - 03/21/2020 08:55 Coli PRESENCE/. **Example of Distribution Chlorine Residual:** Field Results and Measurements Field Results and Measurements Refresh 💠 Add 💢 Remove Result Parameter\* Method Comments Result UOM FreeChlorineResidual 1.06 mg/l

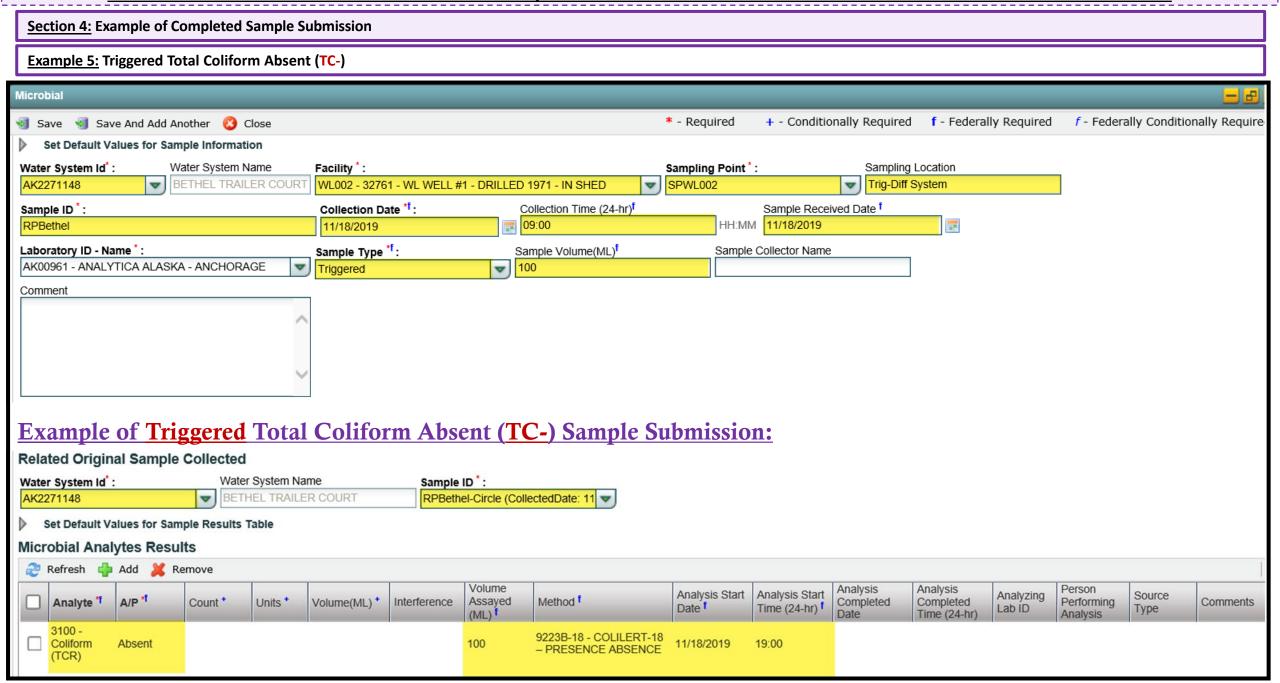
#### DATA SUBMISSION GUIDE FOR TOTAL COLIFORM/E. COLI SAMPLES AND DISTRIBUTION CHLORINE THROUGH WEB ENTRY Section 4: Example of Completed Sample Submission Example 3: Routine Total Coliform Present (TC+) /E.coli Present (EC+) Microbial \* - Required + - Conditionally Required f - Federally Required F - Federally Conditionally Require 🛂 Save 🔞 Save And Add Another 🙆 Close Set Default Values for Sample Information Water System Name Sampling Point : Sampling Location Water System Id: Facility : AK2224646 WASILLA WATER SYSTEM DS001 - 37284 - DS MAIN WASILLA DISTRIBUTION SYSTEM SPDS001TCR Spruce Avenue Collection Date \*: Sample ID : Collection Time (24-hr) Sample Received Date 1 20201305-01 10:55 03/20/2020 03/20/2020 HH:MM Sample Type 1: Laboratory ID - Name : Sample Volume(ML) Sample Collector Name AK00961 - ANALYTICA ALASKA - ANCHORAGE 100 KΒ Routine ▽ Comment Example of Routine Total Coliform Present (TC+) / E.coli Present (EC+) Sample Submission: Microbial Analytes Results 🍣 Refresh 🜵 Add 💢 Remove Volume Analysis Analysis Person Analysis Start Analysis Start Volume Analyzing Source A/P Interference Completed Completed Performing Comments Analyte 1 Units \* Assayed Method 1 Count \* (ML) Date 1 Time (24-hr) Lab ID Type Time (24-hr) 9223B-PA -3014 - E. COLILERT - 03/21/2020 Present 100 08:55 PRESENCE/. 9223B-PA -3100 -Coliform 100 COLILERT - 03/21/2020 08:55 Present (TCR) PRESENCE/. **Example of Distribution Chlorine Residual:** Field Results and Measurements Field Results and Measurements 🌊 Refresh 🜵 Add 💥 Remove Result Result UOM Method Person Performing Analysis Comments Parameter

FreeChlorineResidual

1.06

mg/l





#### DATA SUBMISSION GUIDE FOR TOTAL COLIFORM/E. COLI SAMPLES AND DISTRIBUTION CHLORINE THROUGH WEB ENTRY Section 4: Example of Completed Sample Submission Example 6: Special (Seasonal Startup) Total Coliform Absent (TC-) Microbial f - Federally Conditionally Require \* - Required + - Conditionally Required f - Federally Required 🛂 Save 划 Save And Add Another 🔞 Close Set Default Values for Sample Information Water System Name Sampling Location Water System Id\*: Facility \*: Sampling Point \*: DS001 - 44114 - DS KOTZEBUE DISTRIBUTION SYSTEM KOTZEBUE MUN. WATER SPDS001TCR Hydrant AK2340060 Collection Date \*f: Collection Time (24-hr)f Sample Received Date f Sample ID : 09/24/2019 AE64321 09/24/2019 15:50 HH:MM Sample Type \*f: Laboratory ID - Name \*: Sample Volume(ML) Sample Collector Name AK00961 - ANALYTICA ALASKA - ANCHORAGE ▽ 100 ML Special Comment Sampled for end BWN

# Example of Special Total Coliform Absent (TC-) Sample Submission: Set Default Values for Sample Results Table

## Microbial Analytes Results

