

# 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 [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 5-10](#)).

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:

- 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' data entry form. It is divided into three main sections:

- Sample Information:** Fields include Water System ID (AK222646), Facility (DS001 - 37284 - DS MAIN WASILLA DISTRIBUTION SYSTEM), Sampling Point (SPDS001TCR), Sample ID (20201395-01), Collection Date (03/20/2020), Collection Time (10:55), Sample Received Date (03/20/2020), Laboratory ID (AK00961 - ANALYTICA ALASKA - ANCHORAGE), Sample Type (Routine), and Sample Volume (100).
- Microbial Analytes Results:** A table with columns for Analyte, AUP, Count, Units, Volume, Interference, Volume Assayed, Method, Analysis Start Date, Analysis Start Time, Analysis Completed Date, Analysis Completed Time, Analyzing Lab ID, Person Performing Analysis, Source Type, and Comments. It shows results for 3100 Coliform (TCRC) as 'Present' and 3014 - E. Coli as 'Absent'.
- Field Results and Measurements:** A table with columns for Parameter, Result, Result UOM, Method, and Person Performing Analysis. It shows a result of 1.06 mg/l for FreeChlorineResidual.

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

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

*Methods Chart on page 3*

### Section 3: Field Results and Measurements (page 4)

This screenshot shows two examples of completed sample submissions:

- Example of Routine Total Coliform (TC-) Absent Sample Submission:** The form is filled with the same data as the previous screenshot. The 'Microbial Analytes Results' table shows '3100 Coliform (TCRC)' as 'Absent'.
- Example of Distribution Chlorine Residual:** The 'Field Results and Measurements' table shows a result of 1.05 mg/l for 'FreeChlorineResidual'.

### Section 4: Examples of Completed Sample Submissions (pages 5-10)

- Example 1: Routine TC-, p. 5*
- Example 2: Routine TC+/ EC-, p. 6*
- Example 3: Routine TC+/EC+, p. 7*
- Example 4: Repeat TC-, p. 8*
- Example 5: Triggered TC-, p. 9*
- Example 6: Special TC, p. 10*

# DATA SUBMISSION GUIDE FOR TOTAL COLIFORM/E.COLI SAMPLES AND DISTRIBUTION CHLORINE THROUGH WEB ENTRY

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## 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>: AK2224646 Water System Name: WASILLA WATER SYSTI 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.

**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.

**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*).

**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.

**Sample Type:** 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 [repeat](#) or [triggered](#) sample, select **Repeat** or **Triggered** from the **Sample Type** drop down menu as appropriate.

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

Repeat Location: Original Site

Related Original Sample Collected

Water System ID<sup>\*</sup>: AK2271148 Water System Name: CIRCLE WASHETERIA Sample ID<sup>\*</sup>: Test-OrigPos-Circle (CollectedDate)

**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.

# DATA SUBMISSION GUIDE FOR TOTAL COLIFORM/E. COLI SAMPLES AND DISTRIBUTION CHLORINE THROUGH WEB ENTRY

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## Section 2: Microbial Results

Set Default Values for Sample Results Table

**Microbial Analytes Results**

Refresh Add Remove

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	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	×
Analyte Code	Analyte Name
3100	Coliform (TCR)

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

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

Absent
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
Most probable Number
Tubes

**Volume (ML):** 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).

**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).

**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.

**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.

# DATA SUBMISSION GUIDE FOR TOTAL COLIFORM/E. COLI SAMPLES AND DISTRIBUTION CHLORINE THROUGH WEB ENTRY

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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

Field Results and Measurements

Refresh Add Remove

☐	Parameter*	Result*	Result UOM*	Method	Comments
☐	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Parameter:** 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**.

CHLORINE

Chloramine

Color

FreeChlorineResidual

TURBIDITY

TotalChlorineResidual

WaterTemperature

pH

**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

ML

L

**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.

# DATA SUBMISSION GUIDE FOR TOTAL COLIFORM/E. COLI SAMPLES AND DISTRIBUTION CHLORINE THROUGH WEB ENTRY

## Section 4: Example of Completed Sample Submission

### Example 1: Routine Total Coliform Absent (TC-)

Microbial - ☰

Save Save And Add Another Close
\* - Required + - Conditionally Required f - Federally Required f - Federally Conditionally Require

▶ Set Default Values for Sample Information

Water System Id *	Water System Name	Facility *	Sampling Point *	Sampling Location
AK2224646	WASILLA WATER SYSTEM	DS001 - 37284 - DS MAIN WASILLA DISTRIBUTION SYSTEM	SPDS001TCR	Spruce Avenue

Sample ID *	Collection Date * <sup>f</sup>	Collection Time (24-hr) <sup>f</sup>	Sample Received Date <sup>f</sup>
20201305-01	03/20/2020	10:55 HH:MM	03/20/2020

Laboratory ID - Name *	Sample Type * <sup>f</sup>	Sample Volume(ML) <sup>f</sup>	Sample Collector Name
AK00961 - ANALYTICA ALASKA - ANCHORAGE	Routine	100	KB

Comment

▶ Set Default Values for Sample Results Table

**Microbial Analytes Results**

Refresh Add Remove

<input type="checkbox"/>	Analyte <sup>f</sup>	A/P <sup>f</sup>	Count <sup>+</sup>	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 (24-hr) <sup>f</sup>	Analysis Completed Date	Analysis Completed Time (24-hr)	Analyzing Lab ID	Person Performing Analysis	Source Type	Comments
<input type="checkbox"/>	3100 - Coliform (TCR)	Absent					100	9223B-PA - COLILERT - PRESENCE/	03/21/2020	08:55						

**Example of Distribution Chlorine Residual:**

Field Results and Measurements

Field Results and Measurements

Refresh Add Remove

<input type="checkbox"/>	Parameter*	Result*	Result UOM*	Method	Person Performing Analysis	Comments
<input type="checkbox"/>	FreeChlorineResidual	1.06	mg/l			

Section 4: Example of Completed Sample Submission

Example 2: Routine Total Coliform Present (TC+) / E.coli Absent (EC-)

Microbial

Save Save And Add Another Close \* - Required + - Conditionally Required f - Federally Required f - Federally Conditionally Require

Set Default Values for Sample Information

Water System Id: AK2224646 Water System Name: WASILLA WATER SYSTEM Facility: DS001 - 37284 - DS MAIN WASILLA DISTRIBUTION SYSTEM Sampling Point: SPDS001TCR Sampling Location: Spruce Avenue

Sample ID: 20201305-01 Collection Date: 03/20/2020 Collection Time (24-hr): 10:55 Sample Received Date: 03/20/2020

Laboratory ID - Name: AK00961 - ANALYTICA ALASKA - ANCHORAGE Sample Type: Routine Sample Volume(ML): 100 Sample Collector Name: KB

Comment

Example of Routine Total Coliform Present (TC+) / E.coli Absent (EC-) Sample Submission:

Microbial Analytes Results

Refresh Add Remove

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	Comments
3100 - Coliform (TCR)	Present					100	9223B-PA - COLILERT - PRESENCE/	03/21/2020	08:55						
3014 - E. Coli	Absent					100	9223B-PA - COLILERT - PRESENCE/	03/21/2020	08:55						

Example of Distribution Chlorine Residual:

Field Results and Measurements

Field Results and Measurements

Refresh Add Remove

Parameter	Result	Result UOM	Method	Comments
FreeChlorineResidual	1.06	mg/l		

Section 4: Example of Completed Sample Submission

Example 3: Routine Total Coliform Present (TC+) / E.coli Present (EC+)

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: AK2224646 Water System Name: WASILLA WATER SYSTEM Facility: DS001 - 37284 - DS MAIN WASILLA DISTRIBUTION SYSTEM Sampling Point: SPDS001TCR Sampling Location: Spruce Avenue

Sample ID: 20201305-01 Collection Date: 03/20/2020 Collection Time (24-hr): 10:55 Sample Received Date: 03/20/2020

Laboratory ID - Name: AK00961 - ANALYTICA ALASKA - ANCHORAGE Sample Type: Routine Sample Volume(ML): 100 Sample Collector Name: KB

Comment

Example of Routine Total Coliform Present (TC+) / E.coli Present (EC+) Sample Submission:

Microbial Analytes Results

Refresh Add Remove

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	Comments
3014 - E. Coli	Present					100	9223B-PA - COLILERT - PRESENCE/	03/21/2020	08:55						
3100 - Coliform (TCR)	Present					100	9223B-PA - COLILERT - PRESENCE/	03/21/2020	08:55						

Example of Distribution Chlorine Residual:

Field Results and Measurements

Field Results and Measurements

Refresh Add Remove

Parameter	Result	Result UOM	Method	Person Performing Analysis	Comments
FreeChlorineResidual	1.06	mg/l			

**Section 4: Example of Completed Sample Submission**

**Example 4: Repeat Total Coliform Absent (TC-)**

**Microbial**

Save Save And Add Another Close \* - Required + - Conditionally Required f - Federally Required f - Federally Required

**Set Default Values for Sample Information**

Water System Id<sup>\*</sup>: AK2271148 Water System Name: BETHEL TRAILER COURT Facility<sup>\*</sup>: DS001 - 35783 - DS DISTRIBUTION SYSTEM Sampling Point<sup>\*</sup>: SPDS001TCR Sampling Location: Repeat-Diff System

Sample ID<sup>\*</sup>: RPBethel Collection Date<sup>†f</sup>: 11/18/2019 Collection Time (24-hr)<sup>f</sup>: 09:00 Sample Received Date<sup>f</sup>: 11/18/2019

Laboratory ID - Name<sup>\*</sup>: AK00961 - ANALYTICA ALASKA - ANCHORAGE Sample Type<sup>†f</sup>: Repeat Sample Volume(ML)<sup>f</sup>: 100 Sample Collector Name:

Comment:

**Example of Repeat Total Coliform Absent (TC-) Sample Submission:**

Repeat Location: Original Site

**Related Original Sample Collected**

Water System Id<sup>\*</sup>: AK2271148 Water System Name: BETHEL TRAILER COURT Sample ID<sup>\*</sup>: TGBethel-Circle (CollectedDate: 11/18/2019)

**Set Default Values for Sample Results Table**

**Microbial Analytes Results**

Refresh Add Remove

Analyte <sup>†f</sup>	A/P <sup>†f</sup>	Count <sup>+</sup>	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 (24-hr) <sup>f</sup>	Analysis Completed Date	Analysis Completed Time (24-hr)	Analyzing Lab ID	Person Performing Analysis	Source Type	Comments
3100 - Coliform (TCR)	Absent					100	9223B-18 - COLILERT-18 - PRESENCE ABSENCE	11/18/2019	19:00						



# DATA SUBMISSION GUIDE FOR TOTAL COLIFORM/E. COLI SAMPLES AND DISTRIBUTION CHLORINE THROUGH WEB ENTRY

## Section 4: Example of Completed Sample Submission

## Example 5: Triggered Total Coliform Absent (TC-)

Microbial - +

Save
Save And Add Another
Close
\* - Required    + - Conditionally Required    f - Federally Required    f - Federally Conditionally Require

**Set Default Values for Sample Information**

<b>Water System Id *</b>	Water System Name	<b>Facility *</b>	<b>Sampling Point *</b>	Sampling Location
AK2271148	BETHEL TRAILER COURT	WL002 - 32761 - WL WELL #1 - DRILLED 1971 - IN SHED	SPWL002	Trig-Diff System

<b>Sample ID *</b>	<b>Collection Date *<sup>f</sup></b>	<b>Collection Time (24-hr)<sup>f</sup></b>	<b>Sample Received Date<sup>f</sup></b>
RPBethel	11/18/2019	09:00	11/18/2019

<b>Laboratory ID - Name *</b>	<b>Sample Type *<sup>f</sup></b>	<b>Sample Volume(ML)<sup>f</sup></b>	Sample Collector Name
AK00961 - ANALYTICA ALASKA - ANCHORAGE	Triggered	100	

Comment

## Example of Triggered Total Coliform Absent (TC-) Sample Submission:

**Related Original Sample Collected**

<b>Water System Id *</b>	Water System Name	<b>Sample ID *</b>
AK2271148	BETHEL TRAILER COURT	RPBethel-Circle (CollectedDate: 11/18/2019)

**Set Default Values for Sample Results Table**

**Microbial Analytes Results**

Refresh + Add - Remove

☐	Analyte <sup>f</sup>	A/P <sup>f</sup>	Count <sup>+</sup>	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 (24-hr) <sup>f</sup>	Analysis Completed Date	Analysis Completed Time (24-hr)	Analyzing Lab ID	Person Performing Analysis	Source Type	Comments
☐	3100 - Coliform (TCR)	Absent					100	9223B-18 - COLILERT-18 - PRESENCE ABSENCE	11/18/2019	19:00						

Section 4: Example of Completed Sample Submission

Example 6: Special (Seasonal Startup) Total Coliform Absent (TC-)

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\*: AK2340060 Water System Name: KOTZEBUE MUN. WATER Facility\*: DS001 - 44114 - DS KOTZEBUE DISTRIBUTION SYSTEM Sampling Point\*: SPDS001TCR Sampling Location: Hydrant

Sample ID\*: AE64321 Collection Date\*: 09/24/2019 Collection Time (24-hr)\*: 15:50 Sample Received Date\*: 09/24/2019

Laboratory ID - Name\*: AK00961 - ANALYTICA ALASKA - ANCHORAGE Sample Type\*: Special Sample Volume(ML)\*: 100 Sample Collector Name: ML

Comment: Sampled for end BWN

Example of Special Total Coliform Absent (TC-) Sample Submission:

Set Default Values for Sample Results Table

Microbial Analytes Results

Refresh Add Remove

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	Comments
3100 - Coliform (TCR)	Absent					100	COLISURE-PA - COLISURE - PRESENCE/AI	09/24/2019	17:02						