

# Data Submission Guide for CMDP *Disinfection By-Products (TTHM/HAA5)* (reported through EXCEL TEMPLATE)

## Document Instructions

The Excel template used for reporting Chemical/Radionuclide samples are separated into three sections including general **Sample Information** (see [page 2](#)), **Chem/Rad Results** (see [page 3](#)) and **Field Results and Measurements** (*Do not use for Chem/Rad reporting*). Additionally, this document includes a **Methods Chart** ([page 3](#)) and **examples** of completed sample submissions ([pages 4-5](#)).

Submit the information as described on the following pages for **TTHM and HAA5 Disinfection By-Product** samples. 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.

**Sample data 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](mailto:dec.cmdpsupport@alaska.gov).

## Screenshot of Chemical/Radionuclides Excel Template

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 (24hr)	Sample Type†	Sample Volume (ML)	Repeat Location	Original Sample ID†	Original Reporting Lab ID	Original Collection Date	Comment	Sample Collector Name	Analyst* (Code - Name)	Not Detected*	Result	Result UOM	Standard Deviation (±)	Reporting Limit†	Reporting Limit UOM	Volume Assayed (ML)	Method†	Analysis Start Date	Analysis Start Time	Analysis Completed Date	Analysis Completed Time	Analyst Name	Analyzing Lab ID	Comment	Parameter* (Code - Name)	Result*	Result UOM	Method	Analyst Name	Comment

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

**Section 2: Chem/Rad Results**  
(page 3)

**Section 3: Field Results and Measurements**  
*DO NOT USE FOR CHEM/RAD*

Methods Chart	
Analysis Method Used	Report this Method in CMDP
524.2	524.2-VOC, GC/MS, P&T, CAPCOLUMN
552.2	552.2-DBPS & CL2 SOLVENTS GC L/L ELECTRON CAPT
552.3	552.3-552.3

Methods Chart on page 3

**DATA SUBMISSION GUIDE FOR DISINFESTION BY-PRODUCT SAMPLES THROUGH EXCEL TEMPLATE**

Section 4: Example of Completed Sample Submission

Example 2: Haloacetic Acids (HAA5)

Sample Information										Results																						
Reporting Lab ID†	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	Analyst* (Code - Name)	Not Detected*	Result	Result UOM	Standard Deviation (±)	Reporting Limit†	Reporting Limit UOM	Volume Assayed (ML)	Method†	Analysis Start Date	Analysis Start Time	Analysis Completed Date	Analysis Completed Time	Analyst Name	Analyzing Lab ID	Comment
AK00961	AE682198	3/29/2020	AK2120216	DS001	SPDS1DBP2-1	Skyline Fh	3/28/2020	09:00	Routine							Joe Smith		No	12	µg/L				552.2-DBPS & CL2 SOLVENTS GC L/L ELL	4/10/2020	18:28					IN00035	
																		No	24	µg/L				552.2-DBPS & CL2 SOLVENTS GC L/L ELL	4/10/2020	19:03					IN00035	
																		No	56	µg/L				552.2-DBPS & CL2 SOLVENTS GC L/L ELL	4/13/2020	08:42					IN00035	

Example of a Sample Result (Detect):

Analyst* (Code - Name)	Not Detected*	Result	Result UOM	Standard Deviation (±)	Reporting Limit†	Reporting Limit UOM	Volume Assayed (ML)	Method†	Analysis Start Date	Analysis Start Time	Analysis Completed Date	Analysis Completed Time	Analyst Name	Analyzing Lab ID	Comment
551-1-DICHLOROACETIC ACID	No	12	µg/L					552.2-DBPS & CL2 SOLVENTS GC L/L ELL	4/10/2020	18:28				IN00035	
552-2-TRICHLOROACETIC ACID	No	24	µg/L					552.2-DBPS & CL2 SOLVENTS GC L/L ELL	4/10/2020	19:03				IN00035	
555-TOTAL HALOACETIC ACIDS (HAA5)	No	56	µg/L					552.2-DBPS & CL2 SOLVENTS GC L/L ELL	4/13/2020	08:42				IN00035	

Example of a Sample Result (Non-Detect):

Analyst* (Code - Name)	Not Detected*	Result	Result UOM	Standard Deviation (±)	Reporting Limit†	Reporting Limit UOM	Volume Assayed (ML)	Method†	Analysis Start Date	Analysis Start Time	Analysis Completed Date	Analysis Completed Time	Analyst Name	Analyzing Lab ID	Comment
550-1-MONICHLOROACETIC ACID	Yes				2	µg/L		552.2-DBPS & CL2 SOLVENTS GC L/L ELL	4/10/2020	18:28				IN00035	
551-3-MONICHLOROACETIC ACID	Yes				1	µg/L		552.2-DBPS & CL2 SOLVENTS GC L/L ELL	4/10/2020	18:28				IN00035	
552-4-DIBROMOACETIC ACID	Yes				1	µg/L		552.2-DBPS & CL2 SOLVENTS GC L/L ELL	4/10/2020	18:28				IN00035	

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

# DATA SUBMISSION GUIDE FOR DISINFECTION BY-PRODUCT 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

CMDP Compliance Monitoring Data Portal				Chemicals/Radionuclides											
Reporting Lab. ID				Generate XML											
Sample Information															
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

**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:** Facility identification number where sample was collected.

**Sampling Point ID:** Sample Point identification number related to the facility where the sample was collected.

**NOTE:** A PWS can potentially have more than one Sampling Point for TTHMs & HAA5s; selecting the appropriate sampling point is very important for this rule. If the PWS did not provide sufficient information to select the appropriate Sampling Point feel free to contact the DW Program or to confirm the Sampling Point using the annual Monitoring Summary (information/link below).

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

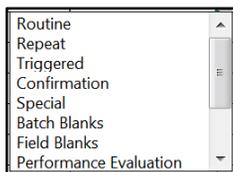
- [Monitoring Summary \(PDF\)](#) which describes how to find this information through Drinking Water Watch.
- [PWS Facility/Sample Point List \(XLS\)](#) which provides the appropriate Facility ID and Sample Point ID for each analyte sampled for an individual public water system.

**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, 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:** Type of sample to be submitted. From the drop down menu (pictured below), select the appropriate sample type (i.e., routine, special, etc.).



**Sample Volume:** Not required (numerical value only).

**Repeat Location:** Not required.

**Original Sample ID:** Not required.

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

**Original Collection Date:** Not required (MM/DD/YY).

**Comment:** Comments are optional.

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

# DATA SUBMISSION GUIDE FOR DISINFECTION BY-PRODUCT 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: Chem/Rad Results

Results																
Analyte* [Code - Name]	Not Detected*	Result †	Result UOM †	Standard Deviation (+/-) †	Reporting Limit †	Reporting Limit UOM †	Volume Assayed (ML)	Method †	Analysis Start Date †	Analysis Start Time †	Analysis Completed Date	Analysis Completed Time	Analyst Name	Analyzing Lab ID	Comment	

**Analyte [Code-Name]:** From the drop down menu, select the individual sample analytes for the results you are submitting. For a successful TTHM/HAA5 sample submittal, use the lists below for the analyte codes of the individual contaminants and the totals (TTHM=2950 and HAA5=2456).

TTHM ANALYTES		HAA5 ANALYTES	
Analysis Code	Analyte Name	Analysis Code	Analyte Name
2941	CHLOROFORM	2450	MONOCHLOROACETIC ACID
2942	BROMOFORM	2451	DICHLOROACETIC ACID
2943	BROMODICHLORO METHANE	2452	TRICHLOROACETIC ACID
2944	DIBROMOCHLORO METHANE	2453	MONOBROMOACETIC ACID
2950	TTHM	2454	DIBROMOACETIC ACID
		2456	HAA5

**Not Detected:** From the drop down menu, select the appropriate value listed below:

- Contaminant was **Detected** in the analyzed sample= *select No*.
- Contaminant was **Not Detected** in the analyzed sample= *select Yes*.

**Result:** Enter the appropriate reported result of the sample *only if* reporting a detect.

**Result UOM:** From the drop down menu, select the unit of measure for the sample result as appropriate.

**Standard Deviation (+/-):** Not required but report if applicable.

**Reporting Limit:** Enter the appropriate reporting limit of the analytes.

**Reporting Limit UOM:** From the drop down menu, select the unit of measure for the reporting limit as appropriate.

**Volume Assayed:** Not required but report if applicable (numerical value only).

**Method:** This drop down list includes methods for ALL chemical/radionuclide analyses and is not filtered by the methods 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
524.2	524.2-VOC, GC/MS, P&T, CAPCOLUMN
552.2	552.2-DBPS & CL2 SOLVENTS GC L/L ELECTRON CAPT
552.3	552.3-552.3

**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.

**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:** Not required.

## Section 3: Field Results and Measurements

**REMINDER!** This section (pictured to right) should **NOT** be used for Disinfection By-Product sample submittals. Please leave fields blank.

Field Results and Measurements (Optional)					
Parameter* [Code - Name]	Result*	Result UOM*	Method †	Analyst Name	Comment

# DATA SUBMISSION GUIDE FOR DISINFECTION BY-PRODUCT SAMPLES THROUGH EXCEL TEMPLATE

## Section 4: Example of Completed Sample Submission

### Example 1: Trihalomethanes (TTHM)

1 Sample Information															2 Results										Field Results and Measurements (Optional)																
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 (ML)	Repeat Location	Original Sample ID <sup>+</sup>	Original Reporting Lab.ID	Original Collection Date	Comment	Sample Collector Name	Analyte <sup>*f</sup> [Code - Name]	Not Detected <sup>*f</sup>	Result <sup>f</sup>	Result UOM <sup>f</sup>	Standard Deviation (+/-) <sup>f</sup>	Reporting Limit <sup>f</sup>	Reporting Limit UOM <sup>f</sup>	Volume Assayed (ML)	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	Comment	Parameter* [Code - Name]	Result*	Result UOM*	Method <sup>f</sup>	Analyst Name	Comment				
AE682198	3/29/2020	AK2120216	DS001	SPDS1DBP2-1	Skyline Fh	3/28/2020	09:00	Routine							Joe Smith	2943-BROMODICHLOROMETHANE	No	4.6	ug/L				524.2-VOC, GC/MS, P&T, CAPCOLUMN	4/2/2020	23:20				CA01531												
																2941-CHLOROFORM	No	9.4	ug/L				524.2-VOC, GC/MS, P&T, CAPCOLUMN	4/2/2020	23:20				CA01531												
																2950-TTHM	No	11	ug/L				524.2-VOC, GC/MS, P&T, CAPCOLUMN	4/3/2020	11:15				CA01531												
																2942-BROMOFORM	Yes				1 ug/L		524.2-VOC, GC/MS, P&T, CAPCOLUMN	4/2/2020	23:04				CA01531												
																2944-DIBROMOCHLOROMETHANE	Yes				1 ug/L		524.2-VOC, GC/MS, P&T, CAPCOLUMN	4/2/2020	23:04				CA01531												

DO NOT USE FOR CHEM/RAD

## Sample Information

1 Reporting Lab. ID *		AK00961		Generate XML											
Sample Information															
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 (ML)	Repeat Location	Original Sample ID <sup>+</sup>	Original Reporting Lab.ID	Original Collection Date	Comment	Sample Collector Name
AE682198	3/29/2020	AK2120216	DS001	SPDS1DBP2-1	Skyline Fh	3/28/2020	09:00	Routine							Joe Smith

## Example of a Sample Result (Detect):

2 Results															
Analyte <sup>*f</sup> [Code - Name]	Not Detected <sup>*f</sup>	Result <sup>f</sup>	Result UOM <sup>f</sup>	Standard Deviation (+/-) <sup>f</sup>	Reporting Limit <sup>f</sup>	Reporting Limit UOM <sup>*f</sup>	Volume Assayed (ML)	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	
2943-BROMODICHLOROMETHANE	No	4.6	ug/L					524.2-VOC, GC/MS, P&T, CAPCOLUMN	4/2/2020	23:20				CA01531	
2941-CHLOROFORM	No	9.4	ug/L					524.2-VOC, GC/MS, P&T, CAPCOLUMN	4/2/2020	23:20				CA01531	
2950-TTHM	No	11	ug/L					524.2-VOC, GC/MS, P&T, CAPCOLUMN	4/3/2020	11:15				CA01531	

## Example of a Sample Result (Non-Detect):

2 Results															
Analyte <sup>*f</sup> [Code - Name]	Not Detected <sup>*f</sup>	Result <sup>f</sup>	Result UOM <sup>f</sup>	Standard Deviation (+/-) <sup>f</sup>	Reporting Limit <sup>f</sup>	Reporting Limit UOM <sup>*f</sup>	Volume Assayed (ML)	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	Comment
2942-BROMOFORM	Yes				1 ug/L			524.2-VOC, GC/MS, P&T, CAPCOLUMN	4/2/2020	23:04				CA01531	
2944-DIBROMOCHLOROMETHANE	Yes				1 ug/L			524.2-VOC, GC/MS, P&T, CAPCOLUMN	4/2/2020	23:04				CA01531	

# DATA SUBMISSION GUIDE FOR DISINFECTION BY-PRODUCT SAMPLES THROUGH EXCEL TEMPLATE

## Section 4: Example of Completed Sample Submission

### Example 2: Haloacetic Acids (HAA5)

1	Sample Information													2	Results										Field Results and Measurements (Optional)																			
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 (ML)	Repeat Location	Original Sample ID*	Original Reporting Lab.ID	Original Collection Date	Comment	Sample Collector Name	Analyte* <sup>f</sup> [Code - Name]	Not Detected* <sup>f</sup>	Result <sup>f</sup>	Result UOM <sup>f</sup>	Standard Deviation (+/-) <sup>f</sup>	Reporting Limit <sup>f</sup>	Reporting UOM <sup>sf</sup>	Volume Assayed (ML)	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	Comment	Parameter* [Code - Name]	Result* UOM*	Method <sup>f</sup>	Analyst Name	Comment								
AE682199	3/29/2020	AK2120216	DS001	SPDS1DBP2-1	Skyline Fh	3/28/2020	09:00	Routine							Joe Smith	2451-DICHLOROACETIC ACID	No	12	ug/L				552.2-DBPS & CL2 SOLVENTS GC L/L EL	4/10/2020	18:28																			
																2452-TRICHLOROACETIC ACID	No	24	ug/L				552.2-DBPS & CL2 SOLVENTS GC L/L EL	4/10/2020	19:03																			
																2456-TOTAL HALOACETIC ACIDS (HAA5)	No	36	ug/L				552.2-DBPS & CL2 SOLVENTS GC L/L EL	4/11/2020	08:42																			
																2450-MONOCHLOROACETIC ACID	Yes				2 ug/L		552.2-DBPS & CL2 SOLVENTS GC L/L EL	4/10/2020	18:28																			
																2453-MONOBROMOACETIC ACID	Yes				1 ug/L		552.2-DBPS & CL2 SOLVENTS GC L/L EL	4/10/2020	18:28																			
																2454-DIBROMOACETIC ACID	Yes				1 ug/L		552.2-DBPS & CL2 SOLVENTS GC L/L EL	4/10/2020	18:28																			

DO NOT USE FOR CHEM/RAD

### Sample Information

1	Reporting Lab. ID *	AK00961	Generate XML												
Sample Information															
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 (ML)	Repeat Location	Original Sample ID*	Original Reporting Lab.ID	Original Collection Date	Comment	Sample Collector Name
AE682199	3/29/2020	AK2120216	DS001	SPDS1DBP2-1	Skyline Fh	3/28/2020	09:00	Routine							Joe Smith

### Example of a Sample Result (Detect):

2	Results																
Analyte* <sup>f</sup> [Code - Name]	Not Detected* <sup>f</sup>	Result <sup>f</sup>	Result UOM <sup>f</sup>	Standard Deviation (+/-) <sup>f</sup>	Reporting Limit <sup>f</sup>	Reporting UOM <sup>sf</sup>	Volume Assayed (ML)	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	Comment		
2451-DICHLOROACETIC ACID	No	12	ug/L					552.2-DBPS & CL2 SOLVENTS GC L/L EL	4/10/2020	18:28					IN00035		
2452-TRICHLOROACETIC ACID	No	24	ug/L					552.2-DBPS & CL2 SOLVENTS GC L/L EL	4/10/2020	19:03					IN00035		
2456-TOTAL HALOACETIC ACIDS (HAA5)	No	36	ug/L					552.2-DBPS & CL2 SOLVENTS GC L/L EL	4/11/2020	08:42					IN00035		

### Example of a Sample Result (Non-Detect):

2	Results																
Analyte* <sup>f</sup> [Code - Name]	Not Detected* <sup>f</sup>	Result <sup>f</sup>	Result UOM <sup>f</sup>	Standard Deviation (+/-) <sup>f</sup>	Reporting Limit <sup>f</sup>	Reporting UOM <sup>sf</sup>	Volume Assayed (ML)	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	Comment		
2450-MONOCHLOROACETIC ACID	Yes				2 ug/L			552.2-DBPS & CL2 SOLVENTS GC L/L EL	4/10/2020	18:28					IN00035		
2453-MONOBROMOACETIC ACID	Yes				1 ug/L			552.2-DBPS & CL2 SOLVENTS GC L/L EL	4/10/2020	18:28					IN00035		
2454-DIBROMOACETIC ACID	Yes				1 ug/L			552.2-DBPS & CL2 SOLVENTS GC L/L EL	4/10/2020	18:28					IN00035		