

# 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 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 5-6](#)).

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 [DOH.CMDP@doh.hawaii.gov](mailto:DOH.CMDP@doh.hawaii.gov).

Reporting Lab. ID	Generate XML	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 (24H)	Sample Type	Sample Volume	Repeat Location	Original Sample ID	Original Reporting Lab ID	Original Collection Date	Comment	Sample Collector Name	Analyte (Code Name)	A/P*	Count	Units	Volume	Interference	Volume Assayed	Method	Analysis Start Date	Analysis Start Time	Analysis Completed Date	Analysis Completed Time	Parameter (Code Name)	Result	UOM	Method	Comment

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

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

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

Methods Chart	
Analysis Method Used	Report this Method in CMDP
SM9221B MTF P/A	9221B-STANDARD TOTAL COLIFORM FERMENTATION TECHNIQUE
SM9221B,C MTF MPN	9221B-STANDARD TOTAL COLIFORM FERMENTATION TECHNIQUE
SM9223B Colisure P/A	9223B-COLISURE
SM9223B Colilert P/A	9223B-PA-COLILERT - PRESENCE/ABSENCE
SM9223B Colilert QT	9223B-QT-COLILERT - QUANTITRAY
SM9223B Colilert-18 P/A	9223B-PA-COLILERT - PRESENCE/ABSENCE
SM9223B Colilert-18 QT	9223B-QT-COLILERT - QUANTITRAY
SM9215B Pour Plate	9215B-POUR PLATE
SM9215E SimPlate	9215B-INDEXX SIMPLATE-IDEXX SIMPLATE HPC

*Methods Chart on page 3*

**Section 4: Examples of Completed Sample Submissions**  
(See *excel-tc-ec-example 8-14-19.pptx*)

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

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

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## Section 1: Sample Information

<b>CMDP</b> Compliance Monitoring Data Portal	<b>Microbiological Samples</b>														
	Generate XML														
Reporting Lab. ID *															
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/YYYY).

**WS ID:** Public Water System identification number (PWSID, HI0000XXX).

**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 **SCRS**, or the Facility Sampling Point List. The link to the list is located in the EHA Sample Validation and Submission Guide at: <https://health.hawaii.gov/sdwb/files/2019/06/Sample-Validation-Submission-Guide.pdf>, page 12..

**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*).

**NOTE:** Add **"Startup"** to the beginning of the Sample Location name if reporting a seasonal startup sample.

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

**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:** Comments are optional.

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

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## Section 2: Microbial Results

Results (* - Field required for record to exist)														
Analyte <sup>a,f</sup> [Code - Name]	A/p <sup>a,f</sup>	Count	Units	Volume	Interference	Volume Assayed <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	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. For the surface water system, 3001 Heterotrophic Bacteria (HPC) may be selected too.

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:** Enter the count *only* for HPC.

**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). Most of the time, it is 100 (ml).

**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
SM9221B MTF P/A	9221B-STANDARD TOTAL COLIFORM FERMENTATION TECHNIQUE
SM9221B,C MTF MPN	9221B-STANDARD TOTAL COLIFORM FERMENTATION TECHNIQUE
SM9223B Colisure P/A	9223B-COLISURE
SM9223B Colilert P/A	9223B-PA-COLILERT - PRESENCE/ABSENCE
SM9223B Colilert QT	9223B-QT-COLILERT - QUANTITRAY
SM9223B Colilert-18 P/A	9223B-PA-COLILERT - PRESENCE/ABSENCE
SM9223B Colilert-18 QT	9223B-QT-COLILERT - QUANTITRAY
SM9215B Pour Plate	9215B-POUR PLATE
SM9215E SimPlate	9215B-INDEXX SIMPLATE-IDEXX SIMPLATE HPC

**Analysis Start Date:** Date when lab began analysis (MM/DD/YYYY).

**Analysis Start Time:** Time when lab began analysis (HH:MM).

**Analysis Completed Date:** Not required but report if information is available (MM/DD/YYYY).

**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.

**Source Type:** Not required but report if information is available.

**Comment:** Not required.

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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 (Optional)				
(* - Field required for record to exist)				
Parameter* [Code - Name]	Result*	UOM*	Method	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 **1013-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.

**Comment:** Not required.