

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

## Screenshot of Chemical/Radionuclides Excel Template

CMDP Compliance Monitoring Data Portal		Chemicals/Radionuclides																		Field Results and Measurements														
Reporting Lab		Sample Information																		Results										Field Results and Measurements				
Sample ID	Sample Received Date	WS ID	Facility ID	Sampling Point ID	Sampling Location	Collection Date	Collection Time (24hr)	Sample Type	Sample Volume	Repeat Location	Original Sample ID	Original Reporting Lab ID	Original Collection Date	Comment	Sample Collector Name	Analysis Method	Net Detected	Result	Volume Analyzed	Standard Deviation	Reporting Unit	Reporting Lab UOM	Method	Analysis Start Date	Analysis Start Time	Analysis Completed Date	Analysis Completed Time	Analyst Lab	Collector	Parameter (Scale Name)	Result	UOM	Method	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

Sample Information	
Reporting Lab ID	Generate XML
DH440-180976-1	3/29/2017

Example of a Sample Result (Detect):								
Analysis Method	Net Detected	Result	Volume Analyzed	Method	Analysis Start Date	Analysis Completed Date	Analyst Lab	Comment
2451-DICHLOROACETIC ACID	No	11 ug/L	552.2-DBPS & CL2 SOLVENTS GC L/L	4/10/2017	18:28		IN00035	
2452-TRICHLOROACETIC ACID	No	24 ug/L	552.2-DBPS & CL2 SOLVENTS GC L/L	4/10/2017	19:03		IN00035	
2456-TOTAL HALOACETIC ACIDS (HAAs)	No	36 ug/L	552.2-DBPS & CL2 SOLVENTS GC L/L	4/11/2017	8:42		IN00035	

Example of a Sample Result (Non-Detect):								
Analysis Method	Net Detected	Result	Volume Analyzed	Method	Analysis Start Date	Analysis Completed Date	Analyst Lab	Comment
2451-DICHLOROACETIC ACID	Yes	2 ug/L	552.2-DBPS & CL2 SOLVENTS GC L/L	4/10/2017	18:28		IN00035	
2452-TRICHLOROACETIC ACID	Yes	1 ug/L	552.2-DBPS & CL2 SOLVENTS GC L/L	4/10/2017	18:28		IN00035	
2456-TOTAL HALOACETIC ACIDS	Yes	3 ug/L	552.2-DBPS & CL2 SOLVENTS GC L/L	4/10/2017	18:28		IN00035	

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

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

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## Section 1: Sample Information

<b>CMDP</b> <small>Compliance Monitoring Data Portal</small>				<b>Chemicals/Radionuclides</b>											
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	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).

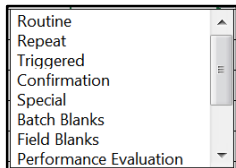
If you are unsure of the **Facility ID** and **Sampling Point ID** to enter, refer to the Facility ID & Sample ID Guide [https://health.hawaii.gov/sdwb/files/2019/06/CMDP\\_Hawaii\\_FacilitySamplingPointList.xlsx](https://health.hawaii.gov/sdwb/files/2019/06/CMDP_Hawaii_FacilitySamplingPointList.xlsx)

**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.

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## Section 2: Chem/Rad Results

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	Method <sup>f</sup>	Analysis Start Date <sup>f</sup>	Analysis Start Time <sup>f</sup>	Analysis Completed Date	Analysis Completed Time	Analyzing Lab	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).

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