SC DHEC Microbiological Sample Fields for CMDP

Entry Section	Field Name	Required by SC DHEC?
Sample Information	Sample ID [*]	Required (< 20 characters)
	Sample Received Date f	Not required
		Required - format SC#######, where # represents your
	WS ID*	drinking water permit number
	Facility ID [*]	Required - format DS##-1, where # represents the first 2-
		digits of your drinking water permit number
	Sampling Point ID*	Required - RTOR, RPOR, RPUP, or RPDN
	Sampling Location	Required - Routine Original, Repeat Original, Repeat
		Upstream, or Repeat Downstream
	Collection Date*f	Required - format MM/DD/YYYY
	Collection Time (24H) f	Required - format ##:##, must use ':'
	Sample Type* ^f	Routine or Repeat
	Sample Volume f	Required, 100
	Repeat Location	Required if RPOR, RPUP and RPDN
	Original Sample ID *	Required if sample type is REPEAT
	Original Reporting Lab.ID	Dequired if completing is DEDEAT
	Original Collection Date	Required if sample type is REPEAT Required if sample type is REPEAT
	Comment	Required, address of sampling location
	Sample Collector Name	Not required
	Analyte* ^f	'
	[Code - Name]	Required, 3100 - COLIFORM (TCR) and 3014 - E. COLI
	A/P* ^f	Required, Absent or Present
	Count	Not required
	Units	Not required
	Volume	Not required
Results	Interference	Not required
	Volume Assayed ^f	Not required
	Method ^f	Required
	Analysis Start Date ^f	Required - format MM/DD/YYYY
	Analysis Start Time ^f	Required - format ##:##, must use ' : '
	Analysis Completed Date	Required - format MM/DD/YYYY
	Analysis Completed Time	Required - format ##:##, must use ' : '
	Analyzing Lab ID	Required, 5-digit LABID
	Source Type	Not required
	Comment	Not required
Field Results and Measurements	Parameter* [Code - Name]	Required, 1012 - Total Chlorine Residual
	Result*	Required, 1012 - Total Chiofine Residual
	UOM*	Required, mg/L
	Method	Required
	Comment	Required, "Reporting Lab ID: 5-digits"

Note: when submitting XML uploads and reporting REPEATS, upload the ROUTINE SAMPLES separately from the REPEAT SAMPLES. Sumbit the XML for the ROUTINES first, then after the records are accepted/uploaded submit the REPEAT XML.

Recommendation: Avoid 7 special characters: Percent (%); Carat (^); Ampersand (&); Vertical Bar (|); Double-quote ("); Less-than (<); Greater-than (>)

Use Drinking Water Watch, DWW, to confirm and research information as needed for identifying Facility IDs or Sampling Point IDs. Do not use any Sampling Point with a Location description preceeding with "Z" or "ZZ", as these are no longer valid sampling points.

DRINKING WATER WATCH	http://dwwwebvm.dhec.sc.gov:8080/DWW/	
CMDP TEST	https://cmdpprep.epa.gov/sso/login?service=https%3A%2F%2Fcmdpprep.epa.gov%2Fcmdp%2Fj spring cas sec rity check%3Bjsessionid%3D0993FBEAD2B8D695AFDA21C35094E042	
CMDP PRODUCTION	https://cmdpann2.ena.gov/ssp/login2service=https%36%2F%2Fcmdpann2.ena.gov%2Fcmdp%2Fi.spring_cas.s	