

Instructions for Entering Coliform Analytical Results into eDWR Spreadsheet

July 31, 2009

LABORATORY INFORMATION:

Reporting Lab Certification #: Enter the certification number of the lab reporting the SSR, i.e., 123, etc.

SAMPLE INFORMATION:

Lab Sample Number: Enter the sample number issued by the reporting lab. Sample numbers are limited to 10 digits. The exact same sample number cannot appear from the same lab on more than one report in one calendar year.

Analytical Lab ID: Enter the certification number of the lab which analyzed the sample.

PWS ID Number: Enter the Public Water System Identification (PWS ID) Number assigned by the Ohio EPA. OH1234567

Sample Collection Date: Enter the date (Month/Day/Year) which the sample was taken.

Sample Collection Time: Enter the time the sample was taken as a.m. or p.m.

Sample Collector Name: Enter the name of the person who took the sample.

Sample Collector Phone: Enter the phone number of the person who took the sample.

Sample Type: Select the appropriate choice that indicates the reason for analyzing the sample.

Routine-Compliance samples are collected for compliance and are representative of the drinking water being used.

Repeat-Compliance samples are collected to confirm the results of a specific positive routine compliance sample.

Special-Non Compliance samples are not used for compliance. Special purpose samples are for: Main breaks, depressurizations, new mains, new well samples, raw samples, and special investigations. Note the purpose in the comment section.

Original Lab Sample Number: If the Sample Type is "Repeat-Compliance" then the Original Routine Positive Sample number is required to be reported on this line.

Street Address or Enter the street address where the sample was taken, example: 1847 Main Street.

Tap Location: Or enter a description of the tap where the sample was taken, example: Women's Restroom, or Kitchen Hand Sink. (Limit 20 Characters)

ANALYSIS RESULTS:

Analyte Code: Select the Appropriate SDWIS Code and analyte name from the list.

Analysis Start Date/Time: Enter the date and time that incubation was started.

Analysis Completion Date/Time: Enter the date and time the analysis was completed.

Data Quality Results: If no result is obtained for a coliform analysis, select the appropriate reason from the list.

Analysis Method Used: Indicate the method used to perform the analysis.

Microbe Presence Indicator: Select Presence or Absence as appropriate

Free Chlorine Residual: Enter the free chlorine residual present when the coliform sample is collected *if* chlorine is added to maintain a residual in the distribution system.

Total Chlorine Residual: Enter the total chlorine residual present when the coliform sample is collected *if* chlorine is added to maintain a residual in the distribution system.

Comments: Include any additional information to further describe Data Quality Results or any other pertinent information about sample results.

Analyst Number: Enter the number assigned by the Ohio EPA for the approved analyst.