CMDP
Compliance Monitoring Data Portal

Microbiological Samples

Reporting Lab. ID *	5-DIGIT LAB ID

Generate XML

Sample Information
(* - Field required for record to exist)

Sample ID*	Sample Received Date ᶠ	WS ID*	Facility ID*	Sampling Point ID*	Sampling Location	Collection Date*ᶠ	Collection Time (24H)ᶠ	Sample Type*ᶠ	Sample Volume (ML)ᶠ	Repeat Location	Original Sample ID⁺	Original Reporting Lab.ID	Original Collection Date	Comment	Sample Collector Name
UniqueSampleNo1		SC1234567	DS10-1	RTOR	Routine Original	9/1/2021	8:00	Routine	100					31 Fox Creek Ct.	
UniqueSampleNo2		SC1234567	DS10-1	RTOR	Routine Original	9/1/2021	8:13	Routine	100					26 Farmington Trail	
UniqueSampleNo3		SC1234567	DS10-1	RTOR	Routine Original	9/1/2021	8:27	Routine	100					29 Webb Creek Ct.	
UniqueSampleNo4		SC1234567	DS10-1	RTOR	Routine Original	9/1/2021	8:41	Routine	100					100 Alta Vista Circle	
UniqueSampleNo5		SC1234567	DS10-1	RTOR	Routine Original	9/1/2021	8:56	Routine	100					16 Mellon St.	
UniqueSampleNo6		SC1234567	DS10-1	RTOR	Routine Original	9/1/2021	9:06	Routine	100					220 Webster Street	
UniqueSampleNo7		SC1234567	DS10-1	RTOR	Routine Original	9/1/2021	9:15	Routine	100					6 Laurel Ln.	

Entry Section	Field Name	Required by SC DHEC?
Sample Information	Sample ID*	Required (< 20 characters)
	Sample Received Date ᶠ	Not required
	WS ID*	Required - format SC#######, where # represents your 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 HH:MM, 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	Required if sample type is REPEAT
	Original Collection Date	Required if sample type is REPEAT
	Comment	Required, address of sampling location
	Sample Collector Name	Not required

Version: 2.035
Last Updated   June 29, 2020
* - Indicates Required Field

Results
(* - Field required for record to exist)

Analyte*[f] [Code - Name]	A/P*[f]	Count	Units [+]	Volume (ML) [+]	Interference	Volume Assayed (ML) [f]	Method [f]	Analysis Start Date [f]	Analysis Start Time [f]	Analysis Completed Date	Analysis Completed Time	Analyst Name	Analyzing Lab ID	Source Type	Comment
3100 - COLIFORM (TCR)	Absent						9223B-COLILERT-18	9/1/2021	13:00	9/2/2021	7:30		5-DIGIT LAB ID		
3014 - E. COLI	Absent						9223B-COLILERT-18	9/1/2021	13:00	9/2/2021	7:30		5-DIGIT LAB ID		
3100 - COLIFORM (TCR)	Absent						9223B-COLILERT-18	9/1/2021	13:00	9/2/2021	7:30		5-DIGIT LAB ID		
3014 - E. COLI	Absent						9223B-COLILERT-18	9/1/2021	13:00	9/2/2021	7:30		5-DIGIT LAB ID		
3100 - COLIFORM (TCR)	Absent						9223B-COLILERT-18	9/1/2021	13:00	9/2/2021	7:30		5-DIGIT LAB ID		
3014 - E. COLI	Absent						9223B-COLILERT-18	9/1/2021	13:00	9/2/2021	7:30		5-DIGIT LAB ID		
3100 - COLIFORM (TCR)	Absent						9223B-COLILERT-18	9/1/2021	13:00	9/2/2021	7:30		5-DIGIT LAB ID		
3014 - E. COLI	Absent						9223B-COLILERT-18	9/1/2021	13:00	9/2/2021	7:30		5-DIGIT LAB ID		
3100 - COLIFORM (TCR)	Absent						9223B-COLILERT-18	9/1/2021	13:00	9/2/2021	7:30		5-DIGIT LAB ID		
3014 - E. COLI	Absent						9223B-COLILERT-18	9/1/2021	13:00	9/2/2021	7:30		5-DIGIT LAB ID		
3100 - COLIFORM (TCR)	Absent						9223B-COLILERT-18	9/1/2021	13:00	9/2/2021	7:30		5-DIGIT LAB ID		
3014 - E. COLI	Absent						9223B-COLILERT-18	9/1/2021	13:00	9/2/2021	7:30		5-DIGIT LAB ID		
3100 - COLIFORM (TCR)	Absent						9223B-COLILERT-18	9/1/2021	13:00	9/2/2021	7:30		5-DIGIT LAB ID		
3014 - E. COLI	Absent						9223B-COLILERT-18	9/1/2021	13:00	9/2/2021	7:30		5-DIGIT LAB ID		

Results	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
	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 HH:MM, must use ' : '
	Analysis Completed Date	Required - format MM/DD/YYYY
	Analysis Completed Time	Required - format HH:MM, must use ' : '
	Analyzing Lab ID	Required, 5-digit LABID
	Source Type	Not required
	Comment	Not required

Field Results and Measurements (Optional) (* - Field required for record to exist)					
Parameter* [Code - Name]	Result*	Result UOM*	Method	Analyst Name	Comment
1012 - Total Chlorine Resid	2.5	mg/L	4500-CL G-DPD COLORIMETRIC		Reporting Lab ID: 5-DIGIT LAB ID
1012 - Total Chlorine Resid	2.5	mg/L	4500-CL G-DPD COLORIMETRIC		Reporting Lab ID: 5-DIGIT LAB ID
1012 - Total Chlorine Resid	2.5	mg/L	4500-CL G-DPD COLORIMETRIC		Reporting Lab ID: 5-DIGIT LAB ID
1012 - Total Chlorine Resid	2.4	mg/L	4500-CL G-DPD COLORIMETRIC		Reporting Lab ID: 5-DIGIT LAB ID
1012 - Total Chlorine Resid	2.6	mg/L	4500-CL G-DPD COLORIMETRIC		Reporting Lab ID: 5-DIGIT LAB ID
1012 - Total Chlorine Resid	2.1	mg/L	4500-CL G-DPD COLORIMETRIC		Reporting Lab ID: 5-DIGIT LAB ID
1012 - Total Chlorine Resid	2	mg/L	4500-CL G-DPD COLORIMETRIC		Reporting Lab ID: 5-DIGIT LAB ID

	Parameter* [Code - Name]	Required, 1012 - Total Chlorine Residual
Field Results and Measurements	Result*	Required
	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. Submit 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 preceding 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_security_check%3Bjsessionid%3D0993FBEAD2B8D695AFDA21C35094E042
CMDP PRODUCTION	https://cmdpapp2.epa.gov/sso/login?service=https%3A%2F%2Fcmdpapp2.epa.gov%2Fcmdp%2Fj_spring_cas_security_check