



Compliance Monitoring Data Portal (CMDP) Examples of Positive Microbial Sample Data Submission

Laboratories must follow this guidance to submit positive microbial sample data through CMDP for the Revised Total Coliform and Groundwater Rule Programs. This document reflects different types of positive microbial sample data and every example is divided into two sections; CMDP Sample Result data entry using the [CMDP Online Submission](#) and [CMDP Template](#). Each example is identified as Sample Information outlined in green, Sample Results outlined in red, and Field Results outlined in pink. Each piece of data identified in these examples is required by TCEQ. For assistance, please contact the Drinking Water Assessment Team at TCRData@tceq.texas.gov.

Laboratories are responsible for ensuring compliance samples and results are submitted to CMDP Production in a timely and accurate manner, and in accordance with TCEQ's reporting procedures. Laboratories must also adhere to the requirements in the CMDP Positive Microbial Sample Reporting guidance document located on the [Public Water System Supervision](#) webpage.

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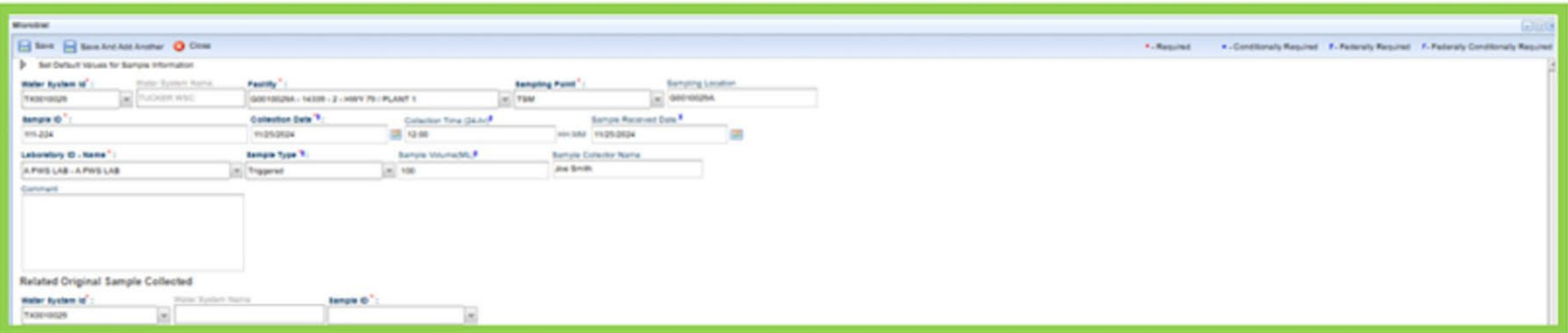
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Sample Result Data Entry - online sample submission process

If a sample is determined to be positive, both analytes 3100 - COLIFORM (TCR) and 3014 - E. COLI are required in the sample submission.

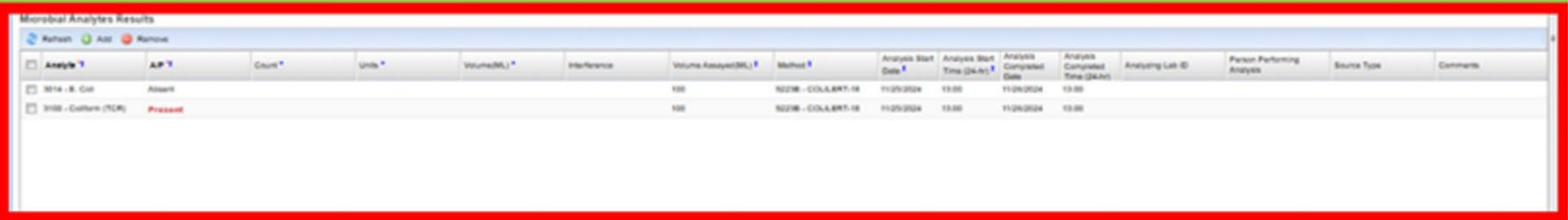
Figure 1 Example of online data entry form sections

Sample Information



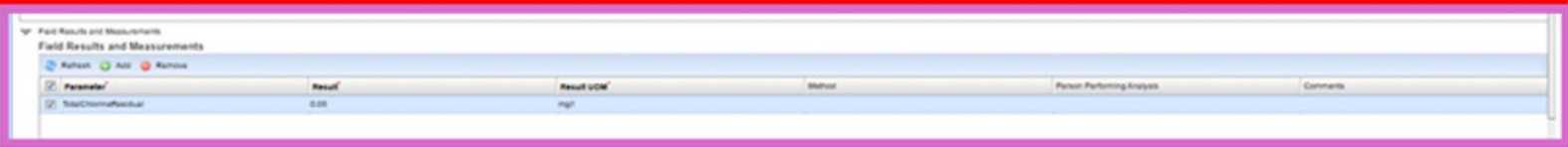
The screenshot shows a web-based form for entering sample information. Fields include: Water System Name (TRUCKEE WAC), Family (000100004-14300-2-HSVY 70-PLANT 1), Sampling Point (TSM), Sampling Location (000100004), Sample ID (11-224), Collection Date (11/25/2024), Collection Time (12:00), Sample Received Date (11/25/2024), Laboratory ID - Name (A-FWS LAB - A-FWS LAB), Sample Type (Triggered), Sample Volume (100), and Sample Collector Name (Joe Smith). There is also a field for Related Original Sample Collected.

Results



Analysis	AP	Count	Units	Volume (ML)	Reference	Volume Requested (ML)	Method	Analysis Start Date	Analysis Start Time (24 Hr)	Analysis Completed Date	Analysis Completed Time (24 Hr)	Analyzing Lab ID	Person Performing Analysis	Source Type	Comments
3014 - E. Coli	Abundant			100			3020B - COLLABRY-10	11/25/2024	13:00	11/26/2024	13:00				
3100 - Coliform (TCR)	Present			100			3020B - COLLABRY-10	11/25/2024	13:00	11/26/2024	13:00				

Field Results



Parameter	Result	Result UOM	Method	Person Performing Analysis	Comments
TotalChlorineResidual	0.05	mg/l			

Example of TC+ Routine Sample

Sample Information

Microbial

Save Save And Add Another Close

* - Required + - Conditionally Required f - Federally Required f - Federally Conditionally Required

Set Default Values for Sample Information

Water System ID*: TX0010029 Water System Name: TUCKER WSC Facility*: DS01 - 36149 - DISTRIBUTION SYSTEM Sampling Point*: DSTCRRT Sampling Location: Sink

Sample ID*: 111-222 Collection Date*: 11/25/2024 Collection Time (24-hr)*: 12:00 Sample Received Date*: 11/25/2024

Laboratory ID - Name*: A PWS LAB - A PWS LAB Sample Type*: Routine Sample Volume(ML)*: 100 Sample Collector Name: Joe Smith

Comment

Results

Microbial Analytes Results

Refresh Add Remove

Analyte*	A/P*	Count*	Units*	Volume(ML)*	Interference	Volume Assayed(ML)*	Method*	Analysis Start Date*	Analysis Start Time (24-hr)*	Analysis Completed Date	Analysis Completed Time (24-hr)	Analyzing Lab ID	Person Performing Analysis	Source Type	Comments
3100 - Coliform (TCR)	Present					100	9223B - COLILERT-18	11/25/2024	13:00	11/26/2024	13:00				
3014 - E. Coli	Absent					100	9223B - COLILERT-18	11/25/2024	13:00	11/26/2024	13:00				

Field Results

Field Results and Measurements

Field Results and Measurements

Refresh Add Remove

Parameter*	Result*	Result UOM*	Method	Person Performing Analysis	Comments
TotalChlorineResidual	1.00	mg/l			

Example of EC+ Routine Sample

Sample Information

Microbial

Save Save And Add Another Close

* - Required + - Conditionally Required f - Federally Required / - Federally Conditionally Required

Set Default Values for Sample Information

Water System ID: TX0010029 Water System Name: TUCKER WSC Facility: DS01 - 36149 - DISTRIBUTION SYSTEM Sampling Point: DSTCRRT Sampling Location: Sink

Sample ID: 111-222 Collection Date: 11/25/2024 Collection Time (24-hr): 12:00 Sample Received Date: 11/25/2024

Laboratory ID - Name: A PWS LAB - A PWS LAB Sample Type: Routine Sample Volume(ML): 100 Sample Collector Name: Joe Smith

Comment

Results

Set Default Values for Sample Results Table

Microbial Analytes Results

Refresh Add Remove

Analyte	A/P	Count	Units	Volume(ML)	Interference	Volume Assayed(ML)	Method	Analysis Start Date	Analysis Start Time (24-hr)	Analysis Completed Date	Analysis Completed Time (24-hr)	Analyzing Lab ID	Person Performing Analysis	Source Type	Comments
3100 - Coliform (TCR)	Present					100	9223B - COLILERT-18	11/25/2024	13:00	11/26/2024	13:00				
3014 - E. Coli	Present					100	9223B - COLILERT-18	11/25/2024	13:00	11/26/2024	13:00				

Field Results

Field Results and Measurements

Field Results and Measurements

Refresh Add Remove

Parameter	Result	Result UOM	Method	Person Performing Analysis	Comments
TotalChlorineResidual	1.00	mg/l			

Example of TC+ Repeat Sample

Sample Information

Microbial

Save Save And Add Another Close

* - Required + - Conditionally Required f - Federally Required / - Federally Conditionally Required

Set Default Values for Sample Information

Water System Id*: TX0010029 Water System Name: TUCKER WSC Facility*: DS01 - 36149 - DISTRIBUTION SYSTEM Sampling Point*: DSTCRPP Sampling Location: Sink

Sample ID*: 111-223 Collection Date*: 11/25/2024 Collection Time (24-hr)*: 12:00 Sample Received Date*: 11/25/2024

Laboratory ID - Name*: A PWS LAB - A PWS LAB Sample Type*: Repeat Sample Volume(ML)*: 100 Sample Collector Name: Joe Smith

Comment:

Repeat Location: Original Site

Related Original Sample Collected

Water System Id*: TX0010029 Water System Name: TUCKER WSC Sample ID*: 111-222

Results

Microbial Analytes Results

Refresh Add Remove

Analyte*	A/P*	Count*	Units*	Volume(ML)*	Interference	Volume Assayed(ML)*	Method*	Analysis Start Date*	Analysis Start Time (24-hr)*	Analysis Completed Date	Analysis Completed Time (24-hr)	Analyzing Lab ID	Person Performing Analysis	Source Type	Comments
3100 - Coliform (TCR)	Present					100	9223B - COLILERT-18	11/25/2024	13:00	11/26/2024	13:00				
3014 - E. Coli Absent						100	9223B - COLILERT-18	11/25/2024	13:00	11/26/2024	13:00				

Field Results

Field Results and Measurements

Field Results and Measurements

Refresh Add Remove

Parameter*	Result*	Result UOM*	Method	Person Performing Analysis	Comments
TotalChlorineResidual	1.00	mg/l			

Example of EC+ Repeat Sample

Sample Information

Microbial

Save Save And Add Another Close

* - Required + - Conditionally Required f - Federally Required f - Federally Conditionally Required

Set Default Values for Sample Information

Water System Id: TX0010029 Water System Name: TUCKER WSC Facility: DS01 - 36149 - DISTRIBUTION SYSTEM Sampling Point: DSTCRPP Sampling Location: Sink

Sample ID: 111-223 Collection Date: 11/25/2024 Collection Time (24-hr): 12:00 Sample Received Date: 11/25/2024

Laboratory ID - Name: APWS LAB - A PWS LAB Sample Type: Repeat Sample Volume(ML): 100 Sample Collector Name: Joe Smith

Comment

Repeat Location

Original Site

Related Original Sample Collected

Water System Id: TX0010029 Water System Name: TUCKER WSC Sample ID: 111-222

Results

Set Default Values for Sample Results Table

Microbial Analytes Results

Refresh Add Remove

Analyte	A/P	Count	Units	Volume(ML)	Interference	Volume Assayed(ML)	Method	Analysis Start Date	Analysis Start Time (24-hr)	Analysis Completed Date	Analysis Completed Time (24-hr)	Analyzing Lab ID	Person Performing Analysis	Source Type	Comments
3100 - Coliform (TCR)	Present					100	9223B - COLILERT-18	11/25/2024	13:00	11/26/2024	13:00				
3014 - E. Coli	Present					100	9223B - COLILERT-18	11/25/2024	13:00	11/26/2024	13:00				

Field Results

Field Results and Measurements

Field Results and Measurements

Refresh Add Remove

<input type="checkbox"/> Parameter*	Result*	Result UOM*	Method	Person Performing Analysis	Comments
<input type="checkbox"/> TotalChlorineResidual	1.00	mg/l			

Example of TC+ ASM Sample

Sample Information

Microbial

Save Save And Add Another Close

* - Required + - Conditionally Required f - Federally Required f - Federally Conditionally Required

Set Default Values for Sample Information

Water System Id: TX0010029 Water System Name: TUCKER WSC Facility: G0010029A - 14339 - 2 - HWY 79 / PLANT 1 Sampling Point: ASM Sampling Location: G0010029A

Sample ID: 111-224 Collection Date: 11/25/2024 Collection Time (24-hr): 12:00 Sample Received Date: 11/25/2024

Laboratory ID - Name: A PWS LAB - A PWS LAB Sample Type: Routine Sample Volume(ML): 100 Sample Collector Name: Joe Smith

Comment

Results

Microbial Analytes Results

Refresh Add Remove

Analyte	A/P	Count	Units	Volume(ML)	Interference	Volume Assayed(ML)	Method	Analysis Start Date	Analysis Start Time (24-hr)	Analysis Completed Date	Analysis Completed Time (24-hr)	Analyzing Lab ID	Person Performing Analysis	Source Type	Comments
3100 - Coliform (TCR)	Present					100	9223B - COLILERT-18	11/25/2024	13:00	11/26/2024	13:00				
3014 - E. Coli Absent						100	9223B - COLILERT-18	11/25/2024	13:00	11/26/2024	13:00				

Field Results

Field Results and Measurements

Field Results and Measurements

Refresh Add Remove

Parameter	Result	Result UOM	Method	Person Performing Analysis	Comments
TotalChlorineResidual	0.00	mg/l			

Example of EC+ ASM Sample

Sample Information

Microbial

Save Save And Add Another Close

* - Required + - Conditionally Required f - Federally Required f - Federally Conditionally Required

Set Default Values for Sample Information

Water System Id: TX0010029 Water System Name: TUCKER WSC Facility: G0010029A - 14339 - 2 - HWY 79 / PLANT 1 Sampling Point: ASM Sampling Location: G0010029A

Sample ID: 111-224 Collection Date: 11/25/2024 Collection Time (24-hr): 12:00 Sample Received Date: 11/25/2024

Laboratory ID - Name: A PWS LAB - A PWS LAB Sample Type: Routine Sample Volume(ML): 100 Sample Collector Name: Joe Smith

Comment

Results

Set Default Values for Sample Results Table

Microbial Analytes Results

Refresh Add Remove

Analyte	A/P	Count	Units	Volume(ML)	Interference	Volume Assayed(ML)	Method	Analysis Start Date	Analysis Start Time (24-hr)	Analysis Completed Date	Analysis Completed Time (24-hr)	Analyzing Lab ID	Person Performing Analysis	Source Type	Comments
3100 - Coliform (TCR)	Present					100	9223B - COLILERT-18	11/25/2024	13:00	11/26/2024	13:00				
3014 - E. Coli	Present					100	9223B - COLILERT-18	11/25/2024	13:00	11/26/2024	13:00				

Field Results

Field Results and Measurements

Field Results and Measurements

Refresh Add Remove

Parameter	Result	Result UOM	Method	Person Performing Analysis	Comments
TotalChlorineResidual	0.00	mg/l			

Example of TC+ TSM Sample

Sample Information

Microbial

Save Save And Add Another Close

* - Required + - Conditionally Required f - Federally Required / - Federally Conditionally Required

Set Default Values for Sample Information

Water System Id*: TX0010029 Water System Name: TUCKER WSC Facility*: G0010029A - 14339 - 2 - HWY 79 / PLANT 1 Sampling Point*: TSM Sampling Location: G0010029A

Sample ID*: 111-224 Collection Date*: 11/25/2024 Collection Time (24-hr)†: 12:00 Sample Received Date†: 11/25/2024

Laboratory ID - Name*: A PWS LAB - A PWS LAB Sample Type†: Triggered Sample Volume(ML)†: 100 Sample Collector Name: Joe Smith

Comment

Related Original Sample Collected

Water System Id*: TX0010029 Water System Name: Sample ID*: 111-222

Results

Microbial Analytes Results

Refresh Add Remove

Analyte†	A/P†	Count†	Units†	Volume(ML)†	Interference	Volume Assayed(ML)†	Method†	Analysis Start Date†	Analysis Start Time (24-hr)†	Analysis Completed Date	Analysis Completed Time (24-hr)	Analyzing Lab ID	Person Performing Analysis	Source Type	Comments
3100 - Coliform (TCR)	Present					100	9223B - COLILERT-18	11/25/2024	13:00	11/26/2024	13:00				
3014 - E. Coli Absent						100	9223B - COLILERT-18	11/25/2024	13:00	11/26/2024	13:00				

Field Results

Field Results and Measurements

Field Results and Measurements

Refresh Add Remove

Parameter*	Result*	Result UOM*	Method	Person Performing Analysis	Comments
TotalChlorineResidual	0.00	mg/l			

Example of EC+ TSM Sample

Sample Information

Microbial

Save Save And Add Another Close

* - Required + - Conditionally Required f - Federally Required f - Federally Conditionally Required

Set Default Values for Sample Information

Water System Id*: TX0010029 Water System Name: TUCKER WSC Facility*: G0010029A - 14339 - 2 - HWY 79 / PLANT 1 Sampling Point*: TSM Sampling Location: G0010029A

Sample ID*: 111-224 Collection Date*: 11/25/2024 Collection Time (24-hr)*: 12:00 Sample Received Date*: 11/25/2024

Laboratory ID - Name*: A PWS LAB - A PWS LAB Sample Type*: Triggered Sample Volume(ML)*: 100 Sample Collector Name: Joe Smith

Comment

Related Original Sample Collected

Water System Id*: TX0010029 Water System Name: Sample ID*: 111-222

Results

Set Default Values for Sample Results Table

Microbial Analytes Results

Refresh Add Remove

<input type="checkbox"/>	Analyte*	A/P*	Count*	Units*	Volume(ML) +	Interference	Volume Assayed(ML) f	Method f	Analysis Start Date f	Analysis Start Time (24-hr) f	Analysis Completed Date	Analysis Completed Time (24-hr)	Analyzing Lab ID	Person Performing Analysis	Source Type	Comments
<input type="checkbox"/>	3100 - Coliform (TCR)	Present					100	9223B - COLILERT-18	11/25/2024	13:00	11/26/2024	13:00				
<input type="checkbox"/>	3014 - E. Coli	Present					100	9223B - COLILERT-18	11/25/2024	13:00	11/26/2024	13:00				

Field Results

Field Results and Measurements

Field Results and Measurements

Refresh Add Remove

<input checked="" type="checkbox"/>	Parameter*	Result*	Result UOM*	Method	Person Performing Analysis	Comments
<input checked="" type="checkbox"/>	TotalChlorineResidual	0.00	mg/l			

Example of TC+ Routine Sample

Sample Information

CMDP Compliance Monitoring Data Portal				Microbiological Samples											
Reporting Lab. ID *		A PWS LAB		Generate XML											
Sample Information (* - 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 (ML) †	Repeat Location	Original Sample ID *	Original Reporting Lab.ID	Original Collection Date	Comment	Sample Collector Name
20240903-02	9/1/2024	TX2270001	DS01	DSTCRRT	East Sink	9/1/2024	10:20	Routine	100						Joe Smith

Results

Results (* - Field required for record to exist)															
Analyte** † [Code - Name]	A/P** †	Count	Units *	Volume (ML) *	Interference	Volume Assayed (ML) †	Method †	Analysis Start Date †	Analysis Start Time †	Analysis Completed Date	Analysis Completed Time	Analyst Name	Analyzing Lab ID	Source Type	Comment
3100 - COLIFORM (TCR)	Present					100	92238-COLISURE	9/2/2024	10:00						
3014 - E. COLI	Present					100	92238-COLISURE	9/2/2024	10:00						

Field Results

Field Results and Measurements (Optional) (* - Field required for record to exist)					
Parameter** † [Code - Name]	Result †	Result UOM** †	Method	Analyst Name	Comment
1012 - Total Chlorine Res	2.0	mg/L			

Example of EC+ Routine Sample

Sample Information

CMDP Compliance Monitoring Data Portal				Microbiological Samples											
Reporting Lab. ID *	A PWS LAB			Generate XML											
Sample Information (* - 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 (ML) †	Repeat Location	Original Sample ID *	Original Reporting Lab.ID	Original Collection Date	Comment	Sample Collector Name
20240903-02	9/1/2024	TX2270001	DS01	DSTCRRT	East Sink	9/1/2024	10:20	Routine	100						Joe Smith

Results

Results (* - Field required for record to exist)															
Analyte* † [Code - Name]	A/P* †	Count	Units *	Volume (ML) *	Interference	Volume Assayed (ML) †	Method †	Analysis Start Date †	Analysis Start Time †	Analysis Completed Date	Analysis Completed Time	Analyst Name	Analyzing Lab ID	Source Type	Comment
3100 - COLIFORM (TCR)	Present					100	92238-COLISURE	9/2/2024	10:00						
3014 - E. COLI	Present					100	92238-COLISURE	9/2/2024	10:00						

Field Results

Field Results and Measurements (Optional) (* - Field required for record to exist)					
Parameter* † [Code - Name]	Result* †	Result UOM* †	Method	Analyst Name	Comment
1012 - Total Chlorine Res	2.0	mg/L			

Example of TC+ Repeat Sample

Sample Information

CMDP Compliance Monitoring Data Portal				Microbiological Samples												
Reporting Lab. ID *		A PWS LAB		Generate XML												
Sample Information (* - 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 (ML) †	Repeat Location	Original Sample ID *	Original Reporting Lab.ID	Original Collection Date	Comment	Sample Collector Name	
10152024	10/13/2023	TX2270001	DS01	DSTCRRP	Sink	10/13/2023	12:00	Repeat	100	Original Site	20250989				Sam Jones	
10162024	10/13/2023	TX2270001	DS01	DSTCRRP	Sink	10/13/2023	12:05	Repeat	100	Downstream	20250989				Sam Jones	
10172024	10/13/2023	TX2270001	DS01	DSTCRRP	Sink	10/13/2023	12:10	Repeat	100	Upstream	20250989				Sam Jones	

Results

Results (* - Field required for record to exist)																
Analyte* † [Code - Name]	A/p* †	Count	Units *	Volume (ML) *	Interference	Volume Assayed (ML) †	Method †	Analysis Start Date †	Analysis Start Time †	Analysis Completed Date	Analysis Completed Time	Analyst Name	Analyzing Lab ID	Source Type	Comment	
3100 - COLIFORM (TCR)	Present					100	9223B-COLILERT	10/14/2023	12:00							
3014 - E. COLI	Absent					100	9223B-COLILERT	10/14/2023	12:00							
3100 - COLIFORM (TCR)	Present					100	9223B-COLILERT	10/14/2023	12:00							
3014 - E. COLI	Absent					100	9223B-COLILERT	10/14/2023	12:00							
3100 - COLIFORM (TCR)	Present					100	9223B-COLILERT	10/14/2023	12:00							
3014 - E. COLI	Absent					100	9223B-COLILERT	10/14/2023	12:00							

Field Results

Field Results and Measurements (Optional) (* - Field required for record to exist)					
Parameter* [Code - Name]	Result*	Result UOM*	Method	Analyst Name	Comment
1012 - Total Chlorine Res	0.8	mg/L			
1012 - Total Chlorine Res	0.7	mg/L			
1012 - Total Chlorine Res	0.6	mg/L			

Example of EC+ Repeat Sample

Sample Information

CMDP Compliance Monitoring Data Portal				Microbiological Samples													
Reporting Lab. ID *		A PWS LAB		Generate XML													
Sample Information (* - 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 (ML) †	Repeat Location	Original Sample ID *	Original Reporting Lab.ID	Original Collection Date	Comment	Sample Collector Name		
10152025	10/13/2023	TX2270001	DS01	DSTCRPP	Sink	10/13/2023	12:00	Repeat	100	Original Site	20250989				Sam Jones		
10162025	10/13/2023	TX2270001	DS01	DSTCRPP	Sink	10/13/2023	12:05	Repeat	100	Downstream	20250989				Sam Jones		
10172025	10/13/2023	TX2270001	DS01	DSTCRPP	Sink	10/13/2023	12:10	Repeat	100	Upstream	20250989				Sam Jones		

Results

Results (* - Field required for record to exist)															
Analyte † [Code - Name]	A/p †	Count	Units *	Volume (ML) *	Interference	Volume Assayed (ML) †	Method †	Analysis Start Date †	Analysis Start Time †	Analysis Completed Date	Analysis Completed Time	Analyst Name	Analyzing Lab ID	Source Type	Comment
3100 - COLIFORM (TCR)	Present					100	9223B-COLILERT	10/14/2023	12:00						
3014 - E. COLI	Present					100	9223B-COLILERT	10/14/2023	12:00						
3100 - COLIFORM (TCR)	Present					100	9223B-COLILERT	10/14/2023	12:00						
3014 - E. COLI	Present					100	9223B-COLILERT	10/14/2023	12:00						
3100 - COLIFORM (TCR)	Present					100	9223B-COLILERT	10/14/2023	12:00						
3014 - E. COLI	Present					100	9223B-COLILERT	10/14/2023	12:00						

Field Results

Field Results and Measurements (Optional) (* - Field required for record to exist)					
Parameter * [Code - Name]	Result *	Result UOM *	Method	Analyst Name	Comment
1012 - Total Chlorine Resi	0.8	mg/L			
1012 - Total Chlorine Resi	0.7	mg/L			
1012 - Total Chlorine Resi	0.6	mg/L			

Example of TC+ ASM Sample

Sample Information

CMDP Compliance Monitoring Data Portal		Microbiological Samples														
Reporting Lab. ID *	A PWS LAB	Generate XML														
Sample Information (* - Field required for record to exist)														Comment	Sample Collector Name	
Sample ID *	Sample Received Date †	WS ID *	Facility ID *	Sampling Point ID *	Sampling Location	Collection Date *	Collection Time (24H) †	Sample Type *	Sample Volume (ML) †	Repeat Location	Original Sample ID *	Original Reporting Lab. ID	Original Collection Date			
968574-44	8/10/2024	TX0010029	G0010029	ASM	G0010029C	8/10/2024	10:10	Routine	100							Joe Smith

Results

Results (* - Field required for record to exist)														Analyst Name	Analyzing Lab ID	Source Type	Comment
Analyte * [Code - Name]	A/P * †	Count	Units *	Volume (ML) *	Interference	Volume Assayed (ML) †	Method †	Analysis Start Date †	Analysis Start Time †	Analysis Completed Date	Analysis Completed Time						
3100 - COLIFORM (TCR)	Present					100	9223B-COLILERT	8/11/2024	12:00								
3014 - E. COLI	Absent					100	9223B-COLILERT	8/11/2024	12:00								

Field Results

Field Results and Measurements (Optional) (* - Field required for record to exist)					
Parameter * [Code - Name]	Result *	Result UOM *	Method	Analyst Name	Comment
1013 - Free Chlorine Resi	0.0	mg/L			

Example of EC+ ASM Sample

Sample Information

CMDP Compliance Monitoring Data Portal				Microbiological Samples											
Reporting Lab. ID *		A PWS LAB		Generate XML											
Sample Information (* - 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 (ML) †	Repeat Location	Original Sample ID *	Original Reporting Lab.ID	Original Collection Date	Comment	Sample Collector Name
968574-44	8/10/2024	TX0010029	G0010029	ASM	G0010029C	8/10/2024	10:10	Routine	100						Joe Smith

Results

Results (* - Field required for record to exist)															
Analyte * † [Code - Name]	A/P * †	Count	Units *	Volume (ML) *	Interference	Volume Assayed (ML) †	Method †	Analysis Start Date †	Analysis Start Time †	Analysis Completed Date	Analysis Completed Time	Analyst Name	Analyzing Lab ID	Source Type	Comment
3100 - COLIFORM (TCR)	Present					100	9223B-COLILERT	8/11/2024	12:00						
3014 - E. COLI	Present					100	9223B-COLILERT	8/11/2024	12:00						

Field Results

Field Results and Measurements (Optional) (* - Field required for record to exist)					
Parameter * [Code - Name]	Result *	Result UOM *	Method	Analyst Name	Comment
1013 - Free Chlorine Resi	0.0	mg/L			

Example of TC+ TSM Sample

Sample Information

CMDP Compliance Monitoring Data Portal				Microbiological Samples											
Reporting Lab. ID *		A PWS LAB		Generate XML											
Sample Information (* - 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 (ML) †	Repeat Location	Original Sample ID †	Original Reporting Lab.ID	Original Collection Date	Comment	Sample Collector Name
789456-11	4/5/2024	TX0150434	G0150434	TSM	G0150434B	4/4/2024	10:15	Triggered	100		1234-1234				Joe Smith

Results

Results (* - Field required for record to exist)															
Analyte* [Code - Name]	A/P* [†]	Count	Units *	Volume (ML) *	Interference	Volume Assayed (ML) †	Method †	Analysis Start Date †	Analysis Start Time †	Analysis Completed Date	Analysis Completed Time	Analyst Name	Analyzing Lab ID	Source Type	Comment
3100 - COLIFORM (TCR)	Present					100	9223B-COLILERT	4/5/2024	10:10						
3014 - E. COLI	Absent					100	9223B-COLILERT	4/5/2024	10:10						

Field Results

Field Results and Measurements (Optional) (* - Field required for record to exist)					
Parameter* [Code - Name]	Result*	Result UOM*	Method	Analyst Name	Comment
1013 - Free Chlorine Resi	0.0	mg/L			

Example of EC+ TSM Sample

Sample Information

CMDP Compliance Monitoring Data Portal				Microbiological Samples											
Reporting Lab. ID *		A PWS LAB		Generate XML											
Sample Information (* - 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 (ML) †	Repeat Location	Original Sample ID *	Original Reporting Lab.ID	Original Collection Date	Comment	Sample Collector Name
789456-12	4/5/2024	TX0150434	G0150434	TSM	G0150434B	4/4/2024	10:20	Triggered	100		1234-1234				Joe Smith

Results

Results (* - Field required for record to exist)															
Analyte*† [Code - Name]	A/p*†	Count	Units *	Volume (ML) *	Interference	Volume Assayed (ML) †	Method †	Analysis Start Date †	Analysis Start Time †	Analysis Completed Date	Analysis Completed Time	Analyst Name	Analyzing Lab ID	Source Type	Comment
3100 - COLIFORM (TCR)	Present					100	9223B-COLILERT	4/5/2024	10:10						
3014 - E. COLI	Present					100	9223B-COLILERT	4/5/2024	10:10						

Field Results

Field Results and Measurements (Optional) (* - Field required for record to exist)					
Parameter* [Code - Name]	Result*	Result UOM*	Method	Analyst Name	Comment
1013 - Free Chlorine Resi	0.0	mg/L			