

Data Entry Instructions

In the instructions below, fields and their required formats and descriptions are detailed in tables. Use these tables to guide data entry as necessary.

Fields in **red** are **required** to meet federal and state reporting requirements.

Fields in **blue** are *conditionally or situationally* required.

Fields in **black** are optional.

Samples will be rejected if required fields are blank.

Fields often require exact matches with information in SDWIS. If a required field does not exactly match that of SDWIS, the sample will be rejected. For example, a sample with a water system ID that begins with “md” will be rejected because all water system IDs in Maryland begin with a *capitalized* “MD”.

Use caution when selecting analysis methods. The Excel template includes all method codes used across the country. Some methods are very similar and may only differ by a letter or even a space, but they are not interchangeable. Maryland’s SDWIS will only accept method codes defined in its database. Check the Valid Methods List section for a list of accepted method codes. Note that this list may not be complete and is subject to change. Contact the appropriate SDWA rule manager at MDE if assistance is required.

Refer to the exemplar template to see examples of acceptable data entry. Examples include different scenarios such as repeat microbial samples, chemical samples with field results, and replacement chemical samples.

TC/EC

The Excel template used for reporting Total Coliform (TC), E. coli (EC), and distribution chlorine (if applicable) is separated into three sections. These sections include **Sample Information**, **Results**, and **Field Results and Measurements**.

For samples with results of more than one analyte, enter sample information *once* for the entire sample. After the sample information with multiple analytes is entered first and only once, then enter the analyte result and each subsequent analyte result on following rows in the Results section of the template. Refer to the included exemplar template in the Other Instructions section to see examples of a sample with multiple analyte results.

Submit data as described on the following pages for TC and EC samples.

Sample Information

Field	Format	Description
Reporting Lab ID	MD-### or MD-####	Lab creating and sending the report to the State.
Sample ID	Free format (numbers, characters, spaces, _, and - are allowed)	Unique lab sample identification number. 20-character limit.
Sample Received Date	MM/DD/YYYY	Optional. Date sample was received by lab.
WS ID	MD#####	Public Water System Identification (PWSID).
Facility ID	DS## (May be different)	Water system facility from where the sample was collected. E.g., DS01 or DS02. If not provided by sampler, refer to DWW.
Sampling Point ID	RTOR - Routine Original RPOR - Repeat Original RPOT - Repeat Other	Unique identifier for the type of Microbial sample. RTOR are original samples for monitoring, RPOR are repeat samples of the original test location after a positive, and RTOT are the samples collected upstream and downstream from the original sample location.
Sampling Location	Free format	Optional. A physical address or describe the location where the sample was taken. I.e., 123 Main street - 2nd floor kitchen sink.
Collection Date	MM/DD/YYYY	Date sample was collected.
Collection Time	HH:MM (24H)	Time sample was collected in 24-hour format.
Sample Type	Routine Repeat Triggered Confirmation Special	Type of sample will typically be Routine, Repeat, or Triggered.

Field	Format	Description
Sample Volume	100	Volume of sample analyzed in milliliters.
Repeat Location	ORIGINAL SITE UPSTREAM DOWNSTREAM	If reporting repeat or triggered samples. Information should correspond to the related repeat sample. E.g., UPSTREAM is for the RPOT sample collected upstream from the original sample location.
Original Sample ID	Free format (numbers, characters, spaces, _, and - are allowed)	If reporting repeat or triggered samples. Must match the sample ID of the original TC or EC positive result that caused the repeat or triggered sample(s) to be collected.
Original Reporting Lab ID	MD-### or MD-####	If reporting repeat or triggered samples. Must match the lab ID of the lab reporting the original TC or EC positive result that caused the repeat or triggered sample(s) to be collected.
Original Collection Date	MM/DD/YYYY	If reporting repeat or triggered samples. Must match the sample collection date of the original TC or EC positive result that caused the repeat or triggered sample(s) to be collected.
Comment	Free format (numbers, characters, spaces, _, and - are allowed)	Optional. Add details regarding information of the sample.
Sample Collector Name	FIRST LAST #1234FL (free format)	Name of sample collector and ID number. Both name and ID are preferred, but name only is sufficient when ID was not provided.

Results

Field	Format	Description
Analyte Code	3100 - COLIFORM (TCR) 3014 - E. COLI	Analyte code and name. Selected from drop down menu.
A/P	Absent Present	Results of analysis.
Count	Number	Results of analysis. Not applicable to TC and EC results.
Units	Many options from drop down menu	Unit of measure. Not applicable for Presence/Absence methods.
Volume	Number	Volume of sample.
Interference	Confluent Growth Turbid Culture Too Numerous to Count	Not applicable.
Volume Assayed	100	Volume of sample assayed.
Method	Select applicable method from drop down menu	Method of analysis. Includes methods for all microbial analyses and is not filtered by analytes your lab is certified for. Be sure to select the appropriate method. See section 7, Valid Method Codes List, to identify methods that are accepted by CMDP and SDWIS.
Analysis Start Date	MM/DD/YYYY	Date analysis began on sample.
Analysis Start Time	HH:MM (24H)	Optional. Time analysis began on sample.
Analysis Completed Date	MM/DD/YYYY	Optional. Date analysis was completed on sample.
Analysis Completed Time	HH:MM (24H)	Optional. Time analysis was completed on sample.

Field	Format	Description
Analyst Name	Free format (numbers, characters, spaces, _, and - are allowed)	Optional. Name of analyst.
Analyzing Lab ID	MD-### or MD-####	Unique ID of the lab conducting and completing analysis.
Source Type	Flowing Stream Lake Reservoir GWUIDI	Not applicable.
Comment	Free format (numbers, characters, spaces, _, and - are allowed)	Optional. Add details regarding information of the analysis and/or results.

Field Results and Measurements

Field	Format	Description
Parameter [Code - Name]	Select applicable option in drop down menu.	Required if system is using chlorine or chloramine disinfectant, or if some other field parameter was measured. For chlorine, this will typically be 1012 or 1013 depending on the field results report.
Result	Number	Required if system is using chlorine or chloramine disinfectant, or if some other field parameter was measured. Results of field analysis.
Result UOM	Select applicable option in drop down menu.	Required if system is using chlorine or chloramine disinfectant, or if some other field parameter was measured. Unit of Measure. For

Field	Format	Description
		chlorine, this will be mg/L. If pH was measured, the UOM will be "pH".
Method		Not required.
Analyst Name	FIRST LAST	Optional. Name of person who conducted field analysis.
Comment	Free format (numbers, characters, spaces, _, and - are allowed)	Optional. Add details regarding field measurements and results.
