ODW I	/licrobiolog	ical Resu	ılts Data Entry Form						Rev. 11/10/2005	
Lab ID	'Osimola' IO	- COA/CIP	Sample Location	Collect Date	Collect: Time	Receive:	'Comple Time	Cid Math	TC.or. Fecal_E	Ol' 2
00005	1343C		Chesterfield- Chesdin Road	Collect Date		Date 11/6/2006	Sample Type D_Routine	SM9223B	A A	3.40 D. Jung
00005			DCWA Pump Station	11/6/2006		11/6/2006		SM9223B	A A	3.40 D. Jung
00005			Swift Creek Vault	11/6/2006		11/6/2006		SM9223B	A A	3.30 D. Jung
00005	1346C	4041035	Temple Ave Vault	11/6/2006		11/13/2006		SM9223B	A A	3.10 D. Jung
00005	1345C		Petersburg Meter Vault	11/6/2006		11/6/2006		SM9223B	A A	3.20 D. Jung
00005			Chesterfield- Chesdin Road	11/13/2006		11/13/2006		SM9223B	A A	3.20 D. Jung
00005	1378C		Petersburg Meter Vault	11/13/2006		11/13/2006		SM9223B	A A	3.10 D. Jung
00005		4041035	Temple Ave Vault	11/13/2006		11/13/2006		SM9223B	A A	3.20 D. Jung
00005			Swift Creek Vault	11/13/2006		11/13/2006		SM9223B	A A	2.90 D. Jung
00005	1408C		Petersburg Meter Vault	11/20/2006		11/20/2006		SM9223B	A A	2.90 D. Jung
00005	1406C		Chesterfield- Chesdin Road	11/20/2006	1040	11/20/2006		SM9223B	A A	3.20 D. Jung
00005			Swift Creek Vault	11/20/2006		11/20/2006		SM9223B	A A	2.80 D. Jung
00005		4041035	Temple Ave Vault	11/20/2006		11/20/2006		SM9223B	A A	2.80 D. Jung
00005	1407C	4041035	DCWA Pump Station	11/20/2006	1113	11/20/2006	D_Routine	SM9223B	A A	2.80 D. Jung
00005	1448C	4041035	Central State Hospital	11/27/2006	1045	11/27/2006	D_Routine	SM9223B	A A	3.20 J. Gordon
00005	1445C	4041035	Swift Creek Vault	11/27/2006	1130	11/27/2006	D_Routine	SM9223B	A A	3.10 J. Gordon
00005	1449C	4041035	Petersburg Meter Vault	11/27/2006	1105	11/27/2006	D_Routine	SM9223B	A A	3.10 J. Gordon
00005	1447C	4041035	Chesterfield- Chesdin Road	11/27/2006	1020	11/27/2006	D_Routine	SM9223B	A A	3.20 J.Gordon

ODW Use Only	Data Entry Instructions									
	Sample Types	Lab ID: Your Lab Certification ID								
	D Routine									
	P_Plant Tap Sample	Sample ID: Alphanumeric text that identifies the sample. This value must be unique throughout the calendar year. Duplicate sample ID's will be rejected from our system.								
	Q_Raw Water									
	R_Repeat Sample	PWSID: The valid Public Water System ID Number.								
	S_Special Sample	FWSID. The valid rubile water System ib Number.								
	X_Resample	Sample Location: The description of the location where the sample was collected.								
		Collect Date: The date the sample was collected in mm/dd/yyyy format.								
	Field Chlorine Residual (CL2)									
	Permitted Values	Collect Time: The time the sample was collected in 24-hour format.								
	Actual Numeric Value	Receive Date: The date the sample was received in your lab mm/dd/yyyy format.								
	Not Analyzed Leave Blank									
	Not Detected> Enter 0.0	Sample Type: See description of valid entries in P2 of this worksheet.								
	If reported as ">x.xx"> Enter 5.99									
		Std_Meth: The official Standard Method code used to analyze the sample.								
		TC or MPN: The actual result for Total Coliform. For Presence/Absence methods, this								
		value shall be "A" for Absent and "P" for Present. All other method type results shall be a numeric value with or without operand (<).								
	Rejection Codes									
	BP_Invalid Sample Point									
	BR_Breakage	Fecal_EColi: The actual result for Fecal or E. Coli. For Presence/Absence methods, this value shall be "A" for Absent and "P" for Present. All other method type results shall be a numeric value with or without operand (<).								
	CG_Confluent Growth									
	CL_Chlorine present									
	EH_Exceeded 30 Hour Holding Time									
	FZ_Sample Frozen	Reject: See description of valid entries in P22 of this worksheet. If a sample is rejected, the "TC or MPN" and Fecal_Ecoli fields should not be populated with result data.								
	HS_Excess headspace									
	IN_Insufficient Sample Information	Field Chlorine Residual (CL2): The field chlorine residual value of the analysis in mg/l. If								
	IP_Invalid Sampling Protocol	the waterworks analyzes the chlorine residual, then the lab should enter the data from the history sheet. This chlorine residual should be the result from the field, not from the lab.								
	LA_Lab Accident									
	LT_Leaked in transit									
	TB_Turbid Sample	Sampler Name: The name of the person who collected the sample. ODW Use Only: This field is to be populated by the Office of Drinking Water.								
	TN_Too Numerous To Count									
	VO_Insufficient Volume	Davi Ose Only. This held is to be populated by the Office of Diffiking Water.								