

# CMDP Routine WQP Monitoring Template

CMDP Compliance Monitoring Data Portal				Chemicals/Radionuclides													
				5-DIGIT LAB ID													
Reporting Lab. ID *				32003		Generate XML											
Sample Information																	
Sample ID*	Sample Received Date <sup>f</sup>	WS ID*	Facility ID*	Sampling Point ID*	Sampling Location	Collection Date* <sup>f</sup>	Collection Time (24H) <sup>f</sup>	Sample Type* <sup>f</sup>	Sample Volume (ML)	Repeat Location	Original Sample ID <sup>+</sup>	Original Reporting Lab.ID	Original Collection Date	Comment	Sample Collector Name		
A40010-LCR-20200101	1/1/2020	SC4010001	A40010	A40010	A40010	1/1/2020	06:30	Routine									
A40010-LCR-20200116	1/16/2020	SC4010001	A40010	A40010	A40010	1/16/2020	06:30	Routine									
A40011-LCR-20200101	1/1/2020	SC4010001	A40011	A40011	A40011	1/1/2020	06:30	Routine									
A40011-LCR-20200116	1/16/2020	SC4010001	A40011	A40011	A40011	1/16/2020	06:30	Routine									

Entry Section	Field Name	Required by SCDHEC?
Sample Information	Sample ID*	Required ( < 20 characters)
	Sample Received Date <sup>f</sup>	Required - Date sample received at lab, MM/DD/YYYY
	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 - 6 Digit Treatment plant ID or T-code if a distribution sample
	Sampling Location	Required - Same as above
	Collection Date* <sup>f</sup>	Required - format MM/DD/YYYY
	Collection Time (24H) <sup>f</sup>	Required - format HH:MM
	Sample Type* <sup>f</sup>	Required - Always "Routine"
	Sample Volume (ML)	Not Required
	Repeat Location	Not Required
	Original Sample ID <sup>+</sup>	Not Required
	Original Reporting Lab.ID	Not Required
	Original Collection Date	Not Required
Comment	Not Required but notes can be left here for reference	
Sample Collector Name	Not Required but can be noted	

Results															
Analyte* <sup>f</sup> [Code - Name]	Not Detected* <sup>f</sup>	Result <sup>f</sup>	Result UOM <sup>f</sup>	Standard Deviation (+/-) <sup>f</sup>	Reporting Limit <sup>f</sup>	Reporting Limit UOM <sup>f</sup>	Volume Assayed (ML)	Method <sup>f</sup>	Analysis Start Date <sup>f</sup>	Analysis Start Time <sup>f</sup>	Analysis Completed Date	Analysis Completed Time	Analyst Name	Analyzing Lab ID	Comment
1925-PH	No	8	ph		0.001	ph		4500H-B-ELECTROMETRIC-ONLINE MEASUREMENT	6/15/2020	06:30					
1044-ORTHOPHOSPHATE	No	0.52	mg/L		0.01	mg/L		4500P-E-COLORIMETRIC, MANUAL	6/15/2020	06:30					
1996-WATERTEMPERATURE	No	14.9	C		0	C		2550-THERMOMETRIC	6/15/2020	06:30					
1925-PH	No	8	ph		0.001	ph		4500H-B-ELECTROMETRIC-ONLINE MEASUREMENT	6/15/2020	06:30					
1044-ORTHOPHOSPHATE	No	0.51	mg/L		0.01	mg/L		4500P-E-COLORIMETRIC, MANUAL	6/15/2020	06:30					
1996-WATERTEMPERATURE	No	15.7	C		0	C		2550-THERMOMETRIC	6/15/2020	06:30					
1925-PH	No	7.78	ph		0.001	ph		4500H-B-ELECTROMETRIC-ONLINE MEASUREMENT	6/15/2020	06:30					
1044-ORTHOPHOSPHATE	No	0.56	mg/L		0.01	mg/L		4500P-E-COLORIMETRIC, MANUAL	6/15/2020	06:30					
1996-WATERTEMPERATURE	No	14.9	C		0	C		2550-THERMOMETRIC	6/15/2020	06:30					
1925-PH	No	8.02	ph		0.001	ph		4500H-B-ELECTROMETRIC-ONLINE MEASUREMENT	6/15/2020	06:30					
1044-ORTHOPHOSPHATE	No	0.58	mg/L		0.01	mg/L		4500P-E-COLORIMETRIC, MANUAL	6/15/2020	06:30					
1996-WATERTEMPERATURE	No	15.7	C		0	C		2550-THERMOMETRIC	6/15/2020	06:30					

Entry Section	Field Name	Required by SCDHEC?
Results	Analyte* <sup>f</sup> [Code - Name]	Required - 4 digit analyte code from drop down menu
	Not Detected* <sup>f</sup>	Required - 'No' if detected, 'Yes' if not detected (Just mind the double negative)
	Result <sup>f</sup>	Required - if Not Detected 'yes' leave blank
	Result UOM <sup>f</sup>	Required - please match unit of measure to the reporting limit UOM if possible
	Standard Deviation (+/-) <sup>f</sup>	Not Required
	Reporting Limit <sup>f</sup>	Required - Need the specific reporting limit of each analyte
	Reporting Limit UOM <sup>f</sup>	Required - Unit of Measure
	Volume Assayed (ML)	Not Required
	Method <sup>f</sup>	Required - certified lab method from drop down menu
	Analysis Start Date <sup>f</sup>	Required - format MM/DD/YYYY
	Analysis Start Time <sup>f</sup>	Required - format HH:MM
	Analysis Completed Date	Not Required
	Analysis Completed Time	Not Required
	Analyst Name	Not Required
	Analyzing Lab ID	Not Required
Comment	Not Required	