# Lab Info

| Title | Input Message | Error Message |
| --- | --- | --- |
| Lab Certification # | Enter the certification ID assigned by the state.  (Required, 10 characters max.) | Enter the certification ID assigned by the state. Must not be longer than 10 characters. |

# Sample Data Columns

| Title | Input Message | Error Message |
| --- | --- | --- |
| Lab Sample ID | A unique identifier assigned or used by the laboratory.  (Required, 20 characters max.) | Must not be longer than 20 characters. |
| PWS Number | State-assigned Public Water System identifier.  (Required, must be exactly 9 characters.) | Must be exactly 9 characters. |
| Sample Collection Date | The calendar date when collection of the sample was finished.  (Required.) | Must be a date no later than the current date. |
| Sample Collection Time | The local time when collection of the sample was finished.  Enter as a time, e.g., "1 pm" or "1:00 pm" or "13:00".  (Optional.) | Must be formatted as a time. |
| Sampling Point Type/Location | Indicate the type of sample. If a repeat sample, also indicate the repeat location.  (Required.) | Must select value from list. |
| Original Lab Sample ID | The identifier for the original sample that this sample replaces.  (Required if Sample Type is Repeat. Otherwise, unused.) | Must not be longer than 20 characters. |
| Original Sample Collection Date | The calendar date when the original sample was collected.  (Required if Sample Type is Repeat. Otherwise, unused.) | Must be a date no later than the current date. |
| Lab Receipt Date | The calendar date when the sample was received at the laboratory.  (Optional.) | Must be a date no earlier than the Sample Collection Date or later than the current date. |
| Sample Collector Full Name | "Last name, First name"  (Optional, 40 characters max.) | Must not be longer than 40 characters. |
| Free Chlorine Residual (mg/L) | Free chlorine “Field Result” value measured at the time/location of sample collection in mg/L.  (Required.) | Enter a number between 0.01 and 99.0. |

# Total Coliform and E. Coli Result Columns

| Title | Input Message | Error Message |
| --- | --- | --- |
| **Total Coliform Presence** | Indicate whether presence of microbes was detected.  (Required.) | Acceptable values are "Present" or "Absent". |
| **Sample Analytical Method** (Total Coliform) | The analytical method used.  Either choose from the list or enter your own, but the method entered must be recognized by SDWIS.  (Optional. E.g., "9223B-PA".) | [None] |
| **E. Coli Presence** | Indicate whether presence of microbes was detected.  (Required if Total Coliform is Present.) | Acceptable values are "Present" or "Absent". |
| **Sample Analytical Method** (E. Coli) | The analytical method used.  Either choose from the list or enter your own, but the method entered must be recognized by SDWIS.  (Optional. E.g., "9223B-PA".) | [None] |
| **Analysis Start Date** | The calendar date when the analysis began.  (Optional.) | Must not be prior to Sample Collection Date. |
| **Analysis Start Time** | The local time when the analysis began.  Enter as a time, e.g., "1 pm" or "1:00 pm" or "13:00".  (Optional.) | Must be formatted as a time. |
| **Analysis End Date** | The calendar date when the analysis was finished.  (Optional.) | Must not be prior to Sample Collection Date or Analysis Start Date. |
| **Analysis End Time** | The local time when the analysis was finished.  Enter as a time, e.g., "1 pm" or "1:00 pm" or "13:00".  (Optional.) | Must be formatted as a time. |