# Sample Columns

| Title | Input Message | Error Message |
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| Lab Sample ID | A unique identifier assigned or used by the laboratory.  (Required, 20 characters max.) | Must be unique and not 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 ID | Identifier for the sample station/location within the Water System Facility from which the sample is drawn.  (Required, 12 characters max.) | Must not be longer than 12 characters. |
| Sample Type | Indicate the purpose for taking the sample.  (Required.) | Must select value from list. |
| Repeat Location | Location of repeat sample relative to original:  -Downstream within 5 connections of original  -Near first service connection  -Original site  -Other  -Upstream within 5 connections of original  (Required if Sample Type = "Repeat". Otherwise, unused.) | Must select value from list. |
| Original Lab Sample ID | The identifier for the original sample that this sample replaces.  (Required if Sample Type = "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 = "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 |
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| **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.  (Required. E.g., "9223B-PA".) |  |
| **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.  (Required if Total Coliform is Present. E.g., "9223B-PA".) |  |
| **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. |