| 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. |
| State Sample Number | An additional identifier to identify the sample at time of collection. (Optional, 20 characters max.) | Must not be longer than 20 characters. |
| PWS Number | State-assigned Public Water System identifier. (Required, 9 characters max.) | Must not be longer than 9 characters. |
| Replacement | Indicate whether the sample is a replacement.  (Optional, default is "No".) | Acceptable values are "Yes" or "No". |
| WSF State Assigned ID | State-assigned identifier for a Water System Facility (e.g., Treatment Plant/Distribution System/Well) within a Public Water System. (Required, 10 characters max.) | Must not be longer than 10 characters. |
| 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. |
| For Compliance | Indicates whether the sample is taken for compliance.  (Required, Yes/No.) | Acceptable values are "Yes" or "No". |
| 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., "1:30 pm" or "13:30". (Optional.) | Must be formatted as a time. |
| 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  (Only required if repeat.) | Must select value from list. |
| Lab Receipt Date | The calendar date when the sample was received at the laboratory. (Optional.) | Must be a date no later than the Sample Collection Date or the current date. |
| Sample Collector Full Name | "Lastname, Firstname" (Optional.) | Must not be longer than 40 characters. |
| Free Chlorine Residual | Free chlorine “Field Result” value measured at the time/location of sample collection in mg/L. (Optional.) | Enter a number between 0.01 and 99.0. |
| Total Chlorine Residual | Total chlorine “Field Result” value measured at the time/location of sample collection in mg/L. (Optional.) | Enter a number between 0.01 and 99. |
| Original Lab Sample ID | The identifier for the original sample that this sample replaces. (Only required if repeat, 20 characters max.) | Must not be longer than 20 characters. |
| Original Sample Collection Date | The calendar date when the original sample was collected. (Only required if repeat.) | Must be a date no later than the current date. |