## Completing the Excel Generic Water Sampling Analysis Spreadsheet for Permit/Temporary Treatment Approval Conditions

Form #: BWSE-PA-101 September 20, 2016

The purpose of this Standard Operating Procedure (SOP) is to explain how to complete the Excel **Generic Water Sampling Analysis Spreadsheet template (Permit/TTA Template)** and submit it to the Bureau of Water System

Engineering, NJDEP. Please see below for step-by-step instructions for completing the Excel template.

Additionally, you can refer to Appendix 1 which contains a list and description of all the fields on the Permit/TTA

Template. It also includes whether the field is mandatory and any values in the drop-down menu (if applicable) for a field.

Special Note: Form BWSE-PA-101: Generic Water Sampling Analysis Spreadsheet for Permit/Temporary Treatment Approval Conditions (Permit/TTA Template) is specifically used for submitting sample data to satisfy the conditions of a Permit or Temporary Treatment Approval (TTA) issued by the Bureau of Water System Engineering (BWSE). Any permit or TTA samples taken that are also determined to be "for compliance" (i.e. are required by the Safe Drinking Water Act and regulations) must also be submitted by laboratories using the web application E2-DWR.

## Instructions for Completing the Generic Water Sampling Analysis Spreadsheet for Permit/Temporary Treatment Approval Conditions Template

1.) Complete the Excel template using Appendix 1 which lists and explains all of the fields.

Figure 1: Generic Water Sampling Analysis Spreadsheet for Permit/Temporary Treatment Approval Conditions Template Form#: BSWE-PA-101.

New Jersey D	epartment of Enviro	onmental F	rotection															
Bureau of Wa	ter System Enginee	ring																
Generic Water	Sampling Analysis S	preadsheet	for Permit/Te	mpor	rary Tre	atment Approval Conditions												
Form#	BWSE-PA-101																	
Last Updated	August 31, 2016																	
							Email this form	to: Wat	erSupply@	dep.nj.gov								
Permit or Tempo	orary Approval Number*:																	
Forn	n Completed by/Name*:																	
	Telephone Number*:																	
NOTE: Begin en	tering samples in row 15	,																
* - Indicates Req	uired Field																	
				Sample	e Informa	ation		alysis Resu	its									
Lab Camala		Water Facility State	Sample		ample			D	Analusia Cana		Analysis Start		Analysis Method	Less Than		Daniel II-ia	Radiological Result Count	
Lab Sample Number*	PWS ID Number*	Code*	Collection Date*	1	llection Fime*	Street Address Location	Sample Comments	Name*	Analysis Start Date*	Analysis Performed By			Code*	Indicator	Result*	Code*	Error	Result Comments
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- 2.) Once you have completed the template, save an electronic copy of it.
- 3.) Send the completed Excel template as an attachment to an e-mail to the following address: <a href="mailto:watersupply@dep.nj.gov">watersupply@dep.nj.gov</a>. In the subject line of the e-mail, enter the following: <a href="mailto:Generic WSA Form/Permit number or TTA#/PWSID/Year/Month">WSA Form/Permit number or TTA#/PWSID/Year/Month</a>. An example would be: <a href="mailto:Generic WSA Form/WCP160001/010100/2016/03">Generic WSA Form/Permit number or TTA#/PWSID/Year/Month</a>. An example would be: <a href="mailto:Generic WSA Form/WCP160001/010100/2016/03">Generic WSA Form/WCP160001/010100/2016/03</a>.

If you have any questions or problems, please e-mail them to: watersupply@dep.nj.gov.

## Appendix 1

## **Field Descriptions**

Field	Mandatory?	Drop- Down Menu Values	Comments
Permit or Temporary Approval Number	Yes	None	Enter the water system's Permit or Temporary Approval Number for which the data is being submitted
Form Completed By/Name	Yes	None	The name of the person completing the form.
Telephone Number	Yes	None	The phone number of the person completing the form. The value should be entered in the following format: XXX-XXXX
Lab Sample Number	Yes	None	Sample IDs must be unique per individual sample bottle. This field is limited to 20 characters.
PWS ID Number	Yes	None	The Public Water System ID (PWSID) number of the water system. This number consists of seven-digits prefaced by a capital "NJ". Example: NJ0102001.
Water Facility State Code	Yes	None	The Water Facility State Code (WFSC) is an NJDEP assigned value. The WFSC entered in this field must match the NJDEP assigned values. Examples include the Distribution System (DS), Treatment Plants (TP001001), Wells (WL001001), etc. If you are uncertain of your water system's specific WFSC values, please check under the facilities section in the Drinking Water Watch application at: <a href="http://www.nj.gov/dep/watersupply/waterwatch">http://www.nj.gov/dep/watersupply/waterwatch</a>
Sample Collection Date	Yes	None	The date in which the sample was collected. The value should be in this format: MM/DD/YYYY.
Sample Collection Time	Yes	None	Enter the time the sample was collected
Street Address Location	Yes	None	Enter the physical address of the sample location. An example would be "2 Main Street".
Sample Comments	No	None	Enter any comments about the sample.
Parameter Yes Non Name		None	Enter the name of the parameter (i.e. Benzene, Temperature, pH, Conductivity, Total Alkalinity, Calcium, Orthophosphate).
Analysis Start Date	No	None	Enter the start date of the analysis.

Field	Mandatory?	Drop- Down Menu Values	Comments
Analysis Performed by	Yes	None	Enter the name of the laboratory or approved party performing the analysis
Analysis Start Time	Yes	None	Enter the time the analysis was started.
Analysis Method Code	Yes	None	The method code used to analyze a specific parameter.  Example below: Alkalinity methods.  2320 2320B 310.1 D1067-88B D1067-92B I-1030-85
Less Than Indicator	Conditionally Mandatory	Blank space, "<"	Set this value to "<" if the result value is less than the Method Detection Limit (MDL) for a specific parameter. If a result is detected above the MDL, leave this field blank and just enter the result value.
Result	Yes	None	The numeric result of the analysis for a specific parameter. Please do not enter a zero in this field. If the result is below the MDL for a specific parameter, then enter the MDL as the result value and make sure there is a "<" in the Less Than Indicator field.
Result Unit Code	Yes	%LUM, %PUR, ADMIU, AGGR, C, CM-1, CT, CU, F, FTU, LANG, LBS/CFT, LBS/GAL, MFL, MG/L, MREM, MREMY, NG/L, NMT, NTU, OBSVNS, PH, PIC/L,	The specific unit of measure associated with the result value.  Examples: Temperature: °C (degrees Celsius) pH: pH units, Conductivity: uMHO/cm, Total Alkalinity mg/L or ug/L, Calcium: mg/L or ug/L, Orthophosphate mg/L or ug/L, Silica mg/L or ug/L, etc.)

Field	Mandatory?	Drop- Down Menu Values	Comments
		SU, TON, UG/L, UMHOS/C M	
Radiological Result Count Error	No	None	Leave blank unless submitting radiological data. Enter the result count error value.
Result Comments	No	None	Enter any comments regarding the result.

Note: Fields in RED are required and must contain a correct value.

Fields in BLACK are optional.