



**Arizona Department of Environmental Quality
COMPLIANCE MONITORING DATA PORTAL (CMDP)
ELECTRONIC SIGNATURE AGREEMENT AND USER
AGREEMENT**

Organization Name:	
Data Submitter Name:	
Address:	
City, State, Zip:	
Data Submitter Phone Number:	
Data Submitter E-mail Address:	

Terms and Conditions

I, _____, on behalf of the above identified Organization,
Name of Data Submitter

(1) I have read and understand the following:

- i. Arizona Department of Environmental Quality (ADEQ) requires any **Compliance Monitoring Data Portal (CMDP)** user who intends to submit laboratory compliance data through the web portal to complete an Electronic Signature Agreement (ESA).
- ii. Compliance information includes any information intended to satisfy a federal requirement to report information to the U.S. Environmental Protection Agency (EPA) under any provision of Title 40 of the U.S. Code of Federal Regulations (CFR), or any state requirement to report information to ADEQ under Title 18 of the Arizona Administrative Code (AAC).
- iii. This ESA is compliant with the EPA's "Cross Media Electronic Reporting Regulations" (CROMERR). Therefore, data properly submitted through the **CMDP** in compliance with this ESA will satisfy EPA's electronic signature requirements and state and federal reporting requirements.
- iv. This ESA must be executed and provided to ADEQ to establish electronic signature credentials for an authorized Data Submitter (DS).
- v. A DS can be anyone who is authorized to sign or electronically approve laboratory data sheets and is a person who holds a supervisory or managerial position at the laboratory or water system.
- vi. Any electronic submittal to the **CMDP** must bear the valid electronic signature of a DS who is a required signatory under 40 CFR, AAC Title 9 or AAC Title 18 to sign the paper document for which the electronic document is a substitute.

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- (2) Agree to protect the electronic signature credential, consisting of my **CMDP/CROMERR** user name and password, from use by anyone except me. Specifically, I agree:
 - i. To maintain the secrecy of the password;
 - ii. I will not divulge or delegate my user name and password to any other individual;
 - iii. I will not store my password in an unprotected location; and
 - iv. I will not allow my password to be written into computer scripts to achieve automated login.
- (3) Agree to contact the **EPA CROMERR** Help Desk (888-890-1995) as soon as possible, but no later than 24 hours, after suspecting or determining that my user name and password have become lost, stolen or otherwise compromised.
- (4) Agree to notify ADEQ within ten working days if my duties change and I no longer need to interact with the **CMDP** on behalf of my organization.
- (5) Understand that I will be informed through my registered electronic mail (e-mail) address whenever my user name or password have been modified.
- (6) Understand that the **CMDP** reports the last date my user name and password were used immediately after successfully logging into the **CMDP**.
- (7) Understand and agree that I will be held as legally bound, obligated, and responsible for the use of my electronic signature as I would be using my hand-written signature.
- (8) Understand that whenever I electronically sign and submit an electronic document to the **CMDP**, I will receive a notification within the **CMDP** if my data was accepted by the State.
- (9) Agree that if I receive an e-mail notification for any activity that I do not believe that I performed, I will notify the Arizona **CMDP Administrator** at CMDP@azdeq.gov, as soon as possible, but no later than 24 hours after receipt.
- (10) Agree to report, within 24 hours of discovery, any evidence of discrepancy between any electronic document I have signed and submitted via the **CMDP** and what the **AZ SDWIS** http://azsdwis.azdeq.gov/DWW_EXT/ web portal has received from me by contacting the State of Arizona **CMDP Administrator** at CMDP@azdeq.gov. Agree to also provide the original uploaded XML file to the **CMDP Administrator** with the initial e-mail notifying them of a discrepancy.
- (11) Agree that ADEQ can request lab reports, XML files and other documentation related to the analytical process and results to perform data quality audits of data submitted via **CMDP**.
- (12) Agree to e-mail a copy of all XML files to the State of Arizona **CMDP Administrator** at CMDP@azdeq.gov for at least 90 days after you begin submitting compliance data with the **CMDP**. These files will be used as quality assurance check to verify that all data reported in the XML files is being received correctly by the State, and will only be used to ensure that all programs are working correctly. At the State of Arizona **CMDP Administrator's** discretion, this practice may go on shorter or longer than 90 days if your lab has established accurate use of **CMDP**.
- (13) Understand that submitting data without required, conditionally required, federally required, and federally conditionally required information, where applicable, will invalidate the entire submission. The State of Arizona will reject data without all of the above information, despite any notifications from the **CMDP** client stating or reporting otherwise. The data will need to be corrected and reloaded to the **CMDP**, and the corrected XML file will need to be e-mailed to the State of Arizona **CMDP Administrator** at CMDP@azdeq.gov. On a case by case basis, the State of Arizona **CMDP Administrator** may allow submissions without some of these requirements.

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- (14) Understand that submitting data with XML validation errors will invalidate the entire submission. The State of Arizona will reject data with XML validation errors, despite any notifications from the **CMDP** client stating or reporting otherwise. This data will need to be corrected and reloaded to the **CMDP**, and the corrected XML file will need to be e-mailed to the State of Arizona **CMDP Administrator** at CMDP@azdeq.gov.
- (15) Understand that submitting data with federal validation errors will invalidate the entire submission. The State of Arizona will reject data with federal violation errors, despite any notifications from the **CMDP** client stating or reporting otherwise. This data will need to be corrected and reloaded to the **CMDP**, and the corrected XML file will need to be e-mailed to the State of Arizona **CMDP Administrator** at CMDP@azdeq.gov. On a case by case basis, the State of Arizona **CMDP Administrator** may allow submissions without some of these requirements.
- (16) Agree to store all copies of submitted XML data, and make it available to the State of Arizona via e-mail upon request for at least 5 years as required by the Safe Drinking Water Act. This may be used to verify possible errors with uploaded data.
- (17) Have read and understand the Arizona Data Qualifiers Acceptance Matrix compiled by ADEQ Drinking Water Section (See **ATTACHMENT 1**) and agree not to submit data that doesn't meet these qualifier standards as compliance data. A copy of this Arizona Data Qualifiers Acceptance Matrix can also be acquired by contacting the **CMDP State Administrator**, at CMDP@azdeq.gov. The State of Arizona will reject data that does not meet these qualifier standards, despite any notifications from the **CMDP** client stating or reporting otherwise. Specific information on the data qualifiers associated with **Attachment 1** can be found on the Arizona Department of Health Services website.
- (18) Understand that all data submitted as compliance data will be used in compliance determinations.
- (19) Understand that per A.A.C. R18-4-106 (and 40 C.F.R. § 141.31(a)), except where a shorter period is specified, the supplier of water shall report to the Department the results of any required test measurement or analysis within:
 - i. The first ten days following the month in which the result is received, or
 - ii. The first ten days following the end of the required monitoring period as stipulated by the Department, whichever of these is shortest.
- (20) Agree to retain a copy of this signed agreement as long as I continue to represent the regulated entity specified above as signatory of the company's electronic submissions.
- (21) Certify that all of the following are true:
 - i. I have the authority to enter into this Agreement on behalf of the Organization identified above;
 - ii. I am the signatory authorized to represent the Organization; and
 - iii. I am able to sign and submit reports and other information on behalf of the Organization in the capacity required by federal and state law.
- (22) Understand that an electronic document submitted to satisfy a federal or state reporting requirement bears an electronic signature that legally binds, obligates, and makes the Data Submitter responsible, to the same extent as a handwritten signature would on a paper document submitted to satisfy the same federal or authorized program reporting requirement.
- (23) Understand that proof that a particular signature device was used to create an electronic signature will suffice to establish that the individual uniquely entitled to use the device did so with the intent to sign the electronic document and give it effect, and that the use of electronic documents or information derived from electronic documents may be as evidence in enforcement or other

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proceedings.

- (24) Understand that by signing and submitting this agreement, I certify that I have read, understand, and accept the terms and conditions of this agreement.
- (25) Understand that the terms and conditions of this agreement are in addition to the terms of the online Electronic Signature Agreement completed on the Shared CROMERR Services (SCS) portal.
- (26) Certify under penalty of law that I have personally examined and am familiar with the information submitted in this agreement and that the information I provided is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

<i>Signature of Data Submitter</i>	<i>Title</i>	<i>Date</i>
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This Electronic Signature Agreement was acknowledged before me this ___ day of _____ 20____,

by _____
Name of Data Submitter

Notary Public

My commission expires:
_____, 20 _____

PLEASE SEND THIS DOCUMENT AS SOON AS POSSIBLE TO:

**Arizona Department of Environmental Quality
ATTN: Drinking Water CMDP Administrator
1110 West Washington Street
Phoenix, AZ 85007**

OR

via e-mail to: CMDP@azdeq.gov

Arizona Data Qualifier Rev. 5.0 ADEQ Drinking Water Acceptance Matrix

A	B	C	D	E	H	K	L	M	N	Q	R	S	T	V
A1	B1	C1	D1	E1	H1	K1	L1	M1	N1	Q1	R1	S1	T1*	V1
A2	B2		D2	E2	H2	K2	L2	M2	N2	Q2*	R2		T2*	V2
A3	B3	C3		E3	H3		L3	M3		Q3*		S3	T3*	V3
A4	B4	C4	D4	E4	H4		L4	M4	N4	Q4	R4	S4	T4	
A5	B5	C5	D5	E5	H5	K5	L5	M5	N5	Q5	R5	S5	T5	V5
A6	B6		D6	E6	H6	K6		M6	N6	Q6	R6	S6	T6	V6
A7*	B7		D7*	E7		K7		M7	N7	Q7	R7	S7	T7	
A8	B8*	C8		E8		K8			N8	Q8	R8	S8	T8	
A9						K9				Q9	R9		T9	V9
Acceptable/Lab Discretion						K10				Q10		S10	T10	
Acceptable if ND						K11				Q11	R11	S11		
Acceptable if > MCL											R12	S12		
Not Acceptable											R13			
Qualifier Deleted														

*A7- Must transfer to sterile container to homogenize.
 *B8 - Subtract Travel blank result from sample result prior to reporting
 *D7 - MRL must < MCL
 *Q2 - not acceptable for VOC or TTHM
 *Q3 - only acceptable if preserved within 24 hrs of sampling.
 *T1, T2, T3 - ADHS will consider approving new methods upon requests from licensed