STATE OF NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WATER RESOURCES
LABORATORY CERTIFICATION

Application for Field Parameter Environmental Laboratory Certification

Form #200 – initial field application June 1, 2013

INSTRUCTIONS: This application is only one part of the certification process; completing and submitting an application does not constitute certification. Upon review of the completed application, additional clarifications and documentation may be required. Information received in a timely manner will expedite the application process. Please complete all applicable parts of this form using a typewriter, computer, or print legibly in ink.

To apply for Field Parameter Laboratory Certification, return the original and one copy of this application to:

NC WW/GW Laboratory Certification
DENR/DWR Laboratory Section
1623 Mail Service Center
Raleigh, NC 27699-1623

For additional information, contact the NC Wastewater/Groundwater Laboratory Certification program office:
Telephone: 919-733-3908
Fax: 919-733-6241

Program Homepage: http://portal.ncdenr.org/web/wq/lab/cert

Municipal, Industrial and Other Facilities should fill out only Sections A, D and provide a signature in Section E. Commercial Facilities (i.e., any facility charging a fee for analytical services) must supply all applicable information in Section A, additional identification of all regulated facilities in Section C, D and signature required in Section E.

Section A: Facility and Contact Information

Facility Name or Commercial Management Company Name: _____

*Contact Person: _____ Telephone #, ext: _____

EPA Laboratory Code: _____ FAX #: _____

*Laboratory Supervisor: _____ Contact email address: _____
*The contact person and Laboratory Supervisor may be the same person.

**Laboratory Supervisor/Operator's Certificate Number: _____ Grade/Type of Certificate(s): _____
** If not a Certified Operator, please provide Education level and/or Laboratory experience in Section B below.

Will your laboratory be charging a fee for analytical services? YES _____ NO _____

Section B: Laboratory Supervisor Information **NOTE**: An attached resume may be substituted for this section.

(1) Education: List the College(s), University(ies), or Technical Institute(s) attended dates of attendance, and degree received.

_____

_____

_____

(2) Experience: List work-related experience, indicating the employer, years of employment, and basic job description.

_____

_____

_____

_____

Laboratory Supervisor E-Mail Address: Telephone #, ext.

Facility Address

Mailing Address

City State Zip County

For a **municipal/industrial facility certification only**, please list NPDES permit number (s) and county location below. Additional sheets may be attached if necessary. **Commercial applicants please fill out Section C**.

NPDES # COUNTY

NPDES # COUNTY

NPDES # COUNTY

Section C: **Commercial** Client Contact Information (Municipal/Industrial applicants - proceed to Section D)

Please list below information regarding current clients serviced by your company's management program and water quality permit numbers:

Facility Name WQ # or NPDES # Type/Grade of Plant

Facility Street Address City/State Zip

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THIS SECTION MAY BE COPIED AS NECESSARY. PLEASE NUMBER THIS AND ADDITIONAL PHOTOCOPIED PAGES

Section D: Laboratory Information

(1) Types of Samples Processed (Check all that apply)

- ❑ Wastewater Effluent (Domestic)
- ❑ Wastewater Effluent (Industrial)
- ❑ Groundwater
- ❑ Surface Water
- ❑ Public Water Supply
- ❑ Storm Water
- ❑ Reclaimed Water
- ❑ Pretreatment
- ❑ Other (please specify) _____

(2) Analytical Methods: Circle, or write in, the method used for each requested analytical parameter, and indicate the laboratory's lower reporting limit with units of measure.

Analytical Parameter	EPA Methods	Standard Methods	Other Methods	Lower Reporting Limit Concentration (include units)	Permitted Limit (include units)	OFFICE USE ONLY
Specific Conductance	120.1 Rev. 1982	2510 B-1997	SW-846 9050A			
Dissolved Oxygen		4500-O C-2001				
		4500-O G-2001	ASTM D888-05 HACH 10360			
pH	150.2 Dec 1982	4500-H^+ B-2000	SW-846 9040 C SW-846 9045 D			
Residue, Settleable		2540 F-1997				
Chlorine, Total Residual		4500-Cl B-2000 4500-Cl C-2000 4500-Cl F-2000				
		4500-Cl D-2000 4500-Cl E-2000	HACH AutoCat 9000			
			HACH 10025 ULR			
		4500-Cl G-2000	HACH 8167 HACH 10014 ULR			
			Orion Electrode			
Temperature		2550 B-2000	USGS Method 1975			

(3) Equipment: Please list equipment available to perform the selected analyses:

Analytical Parameter	Equipment	Office Use

(4) Quality Control Program - the following must be available upon request.

(a) Data pertinent to each analysis must be maintained for five years. Certified data must consist of date collected, time collected, sample site, sample collector, and sample analysis time. The field benchsheets must provide a space for the signature or initials of the analyst, and proper units of measure for all analyses.

(b) A record of instrument calibration where applicable, must be filed in an orderly manner so as to be readily available for inspection upon request.

(c) A copy of each approved analytical procedure must be available to each analyst.

(d) Each facility must have glassware, chemicals, supplies, equipment, and a source of distilled or deionized water that will meet the minimum criteria of the approved methodologies.

(5) Proficiency Testing - Prior to issuance of certification, this *office* ***must receive acceptable proficiency testing sample results*** from an NELAC accredited provider for each of the requested methodologies/metals analytes for which certification is requested and for which a proficiency testing sample is available. All testing rounds must have occurred within the six months prior to the date of application.

Are Performance Evaluation Studies for each of the requested additional analytical parameters being sent to the Laboratory Section?

Yes ____ No ____ If not supplied, are they on order? Yes ____ No ____
Anticipated Completion Date: _____

Results are not supplied for the following parameters: _____

Section E: Authorized Signature

This statement certifies that the information in this application is truthful and accurate, and that the applicant is aware of all regulations regarding the Quality Assurance requirements of Laboratory Certification.

Signature of Laboratory Supervisor:_____**Date:**_____

Print Full Name: _____ ____ _____

First Name **M.I.** **Last Name**

Office Use Only:

Date Application Received: _____
Invoice #: _____
Check #: _____
Application Process Completed: _____
NC Lab. Certification Number: _____
Date Certification Issued: _____