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

Amendment to Environmental Laboratory Certification Application

Form #101- Amendment application June 1, 2013

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

To apply for an amendment to your current laboratory certification, return the original and one copy of this form 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

AMENDMENT FEES: No fees are charged to file an amendment request.

ADDITIONAL/RECERTIFICATION PARAMETER FEES (**Non-Field Laboratories only - no fees are assessed to Field Laboratories for adding/recertifying parameters**): Requests for additional parameters or recertification of a parameter will be reviewed and invoices for all additions/recertifications will be calculated in accordance with 15A NCAC 2H .0800. For each additional inorganic parameter (excluding metals), a fee of $50.00 will be assessed. For each additional organic parameter and metals analyte, a fee of $100.00 will be assessed. For each recertification of a parameter, a fee of $200.00 will be assessed. **Do not submit payment until you receive an invoice.**

Section A: Facility and Contact Information

Facility Name: _____ NC Certification Number: _____

Contact Person: _____ Telephone #, ext.: _____

E-Mail Address: _____ Fax #: _____

Section B: Requested Amendment

Complete only applicable areas.

Facility information: If facility information has changed, (i.e., name of facility, supervisor/manager change, phone numbers, email or other contact information) - please indicate below. Complete the information regarding supervisor credentials or operator certification, when applicable.

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_____

Laboratory Supervisor/Operator's Certificate Number: _____Grade/Type of Certificate(s):_____

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.

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Change in major equipment: A certified laboratory must submit a written amendment to the certification application each time that changes occur in major equipment. List equipment changes below.

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Deleting parameters: If you are requesting to delete any parameter method technology(s) from your certificate, please list the analytical parameter(s), including the specific method number(s), matrix(s) and edition(s)/revision(s), below. In addition, be sure to complete the *Change in major equipment* section when appropriate.

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Adding parameters: If you are requesting additional certified parameter method technology(s) or submitting a change in reporting limit, please list the information in the table below. All requested information must be supplied. For all organic analytical categories, please attach a typed list of analyte specific lower reporting limits. DO NOT provide us with the laboratory method detection limit, unless the lower reporting limit and method detection limit are the same number. For "method reference", list all appropriate method number(s) and the approved reference(s), such as *SM 4500-Cl G-2000, EPA 120.1 (Rev. 1982), Hach 10014 ULR or ASTM D888-09 (B)*.

Analytical Parameter	**Method Number(s) and Reference(s)**	***Lower Reporting Limit Concentration (include. units)**	**Matrix (A)-Aqueous or (NA)-Non-Aqueous**

When **adding parameters**, the following must be submitted:

1. Proficiency Testing (PT) - Prior to issuance of certification, this *office* ***must receive acceptable proficiency test sample results*** from a NELAC or ACLASS-accredited provider for each of the requested parameter method technologies for

which certification is requested and for which PT samples are available (refer to the NC WW/GW LC website for required PTs). All testing rounds must have occurred within the six months prior to the date of application. For multi-analyte parameters (e.g., Volatile Petroleum Hydrocarbons), results for all spiked components from the primary list of the target group must be reported. Alternatively, the laboratory may appeal to report an abbreviated list if they can demonstrate that the abbreviated list will be a routine reporting scheme for North Carolina client data reporting.

2. **Non-field laboratories only**: Submit one copy of the laboratory's Standard Operating Procedure(s), which must include the established quality control limits (where appropriate to the method) for all requested parameter method technology(s).

3. **Non-field laboratories only**: Calculated Minimum Detection Limits (MDLs) and Initial Demonstration of Capability (IDOCs) studies for: Analytes by Ion Chromatography, Oil and Grease by EPA 1664, all Organic determinations, Inductively Coupled Plasma (ICP) and ICP-Mass Spec (ICP-MS) metals MUST be submitted, if certification is requested, with the completed application. MDL studies must be conducted as specified by 40 CFR Part 136, Appendix B. For other parameters, the laboratory attests by signing this application that it has those MDLs and IDOCs; where required by the methods, on file. MDL and IDOC study summaries for any analytical category may be requested to evaluate the lab's ability to meet the requirements of certification.

Parameter recertification: If you are requesting recertification, list the parameter(s) with method number(s), matrix(s) and the approved reference(s) you wish to recertify after the decertification period has expired.

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It is required that an acceptable proficiency testing sample (**analyzed within the last six months**), for each applicable parameter to be **added** to the certificate attachment, be supplied directly from the vendor to this office. It is required that two (2) consecutive acceptable proficiency testing samples (**analyzed after the decertification effective date and within the last six months**) be submitted directly from the vendor to this office for each applicable parameter prior to **recertification**.

Are proficiency testing samples (**analyzed within the last six months**) for each of the requested additional/recertified analytical parameter method technology(s) being sent to the Laboratory Section?

Yes _____ No _____

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

Has a Corrective Action Report (CAR) been submitted to this office for the unacceptable proficiency testing sample(s)?

Yes _____ No _____

Section C: Authorized Signature

Signature of Laboratory Supervisor: _____ Date: _____

Print Full Name: _____ _____ _____
First Name M.I. Last Name

Office Use Only:			
Date Amendment Received:		Date Certification Issued:	
Invoice #:	_____	TRC curve/gel verification	_____
Check #:	_____	Temp sensor verification	_____
Amendment Process Completed:	_____	SC ATC verification	_____