Electronic Data Submittal
by State-Approved Persons
(other than Certified Laboratories):
Account Request and Certification Form

Requestor's Name:_____ **Email Address**:_____

Phone Number:_____**NCID Username**:_____**Operator Certification Grade/Number**:_____

Water System Name: _____ **Water System Number:** _____

In the table below, indicate the parameters/analytes* for which you will be electronically submitting data using the Compliance Monitoring Data Portal (CMDP) and the method code(s) for the EPA-Approved Method you will use to measure them. If you are not a certified operator, please include the information for the certified laboratory that instructed you on the method procedures (lab name, phone number, instructor's name, and date of instruction). See attached list of parameters/analytes and their EPA-Approved Methods.

(✓)	Parameter/Analyte	EPA-Approved Method Code(s)	Certified Laboratory Information			
			Lab Name	**Phone Number**	**Instructor's Name**	**Date of Instruction**
	Alkalinity					
	Calcium					
	Conductivity					
	Dissolved Organic Carbon (DOC)					
	Magnesium					
	Orthophosphate					
	pH					
	Silica					
	Temperature					
	Total Organic Carbon (TOC)					
	UV Absorbance					

*This form includes parameters listed in 15A NCAC 18C .1527(2) that are <u>not</u> reported on Monthly Operating Reports (MORs). Fluoride, daily entry point chlorite samples, residual disinfectant concentrations (at the entry point and within the distribution system) for chlorine, chloramines, and chlorine dioxide, and turbidity are required to be reported on MORs. Residual disinfectant concentrations at Coliform Sampling Sites are reported on the Bacteriological Analysis laboratory form. Bromide compliance samples are no longer required.

Electronic Data Submittal Certification:

I hereby affirm that the analytical results provided to the North Carolina Public Water Supply Section will be measured using EPA-Approved Methods for the parameters/analytes specified in 15A NCAC 18C .1527(2).

Account Requestor: _____   _____   _____
                            (Signature)   (Print Name)   (Date)

Shared CROMERR Services Role (check all that apply):

☐ Administrator (System Owner)   ☐ Preparer   ☐ Reviewer   ☐ Certifier

Approval by System Owner: _____   _____   _____
                                      (Signature)   (Print Name)   (Date)