

STATE OF NORTH CAROLINA***Application for Initial Environmental Field-Laboratory Certification***

DEPARTMENT OF ENVIRONMENTAL QUALITY

DIVISION OF WATER RESOURCES

WASTEWATER/GROUNDWATER LABORATORY CERTIFICATION BRANCH

Form #200-app

07/1/2023

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. Clarifications and additional requested information received in a timely manner will expedite your application process. Please complete all applicable parts of this form using a computer or print legibly in ink.

To apply for Field-Laboratory Certification, return a single electronic copy of this form to your assigned auditor. OR, a single hard copy may be mailed to:

DEQ/DWR Water Sciences Section**Laboratory Certification Branch****1623 Mail Service Center****Raleigh, NC 27699-1623**

For additional information, contact the Laboratory Certification program office:

Telephone: 919-733-3908

Webpage: <https://deq.nc.gov/about/divisions/water-resources/water-resources-data/water-sciences-home-page/laboratory-certification-branch>

ANNUAL FEES: Annual Certification Fees of \$250.00 will be assessed to all Municipal, Industrial, and Other laboratories. Commercial laboratories must pay an annual fee of \$500.00. Out-of-State Commercial Field laboratories must pay an annual fee of \$750.00.

Do not submit annual fees until you are issued an invoice.

Submit *one* copy of the Laboratory's Quality Assurance Manual, which must include the following: Established quality control limits (where appropriate to the method) for all requested parameter methods; Standard Operating Procedures (SOPs) for each parameter method for which Certification is requested; A listing of major equipment used in the analytical testing processes; A description of how a documented training program is administered, with completed documentation for all analysts who will be performing compliance testing; A description of how Proficiency Testing is administered.

If the laboratory does not have a single Quality Assurance Manual containing all of the above elements, individual SOPs containing the required information pertinent to each parameter method may be submitted.

Section A: Facility and Contact Information
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Facility Name: _____

EPA Lab Code: _____

Contact Person*: _____

Telephone #, ext. _____

Contact Person E-Mail Address: _____

Laboratory Supervisor: _____ Telephone #, ext. _____

Laboratory Supervisor E-Mail Address: _____

Facility Physical Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

County (NC applicant only): _____ Fax Number: _____

Billing Address: _____ City _____ State _____ Zip _____

Billing Contact Person: _____ Telephone #, ext. _____

Billing Contact Person E-Mail Address: _____

* For North Carolina Wastewater/Groundwater Laboratory Certification Branch (NC WW/GW LCB) purposes, the Contact Person may also be the Laboratory Supervisor.

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

Proficiency Testing (PT) – Prior to issuance of Certification, this office **must receive acceptable PT Sample results** from an Accredited PT Sample Provider for each of the methods for which Certification is requested and for which PT Samples are required (i.e., Turbidity, Conductivity, pH, Settleable Residue, Free Available Chlorine and Total Residual Chlorine). All PT Sample analyses must have occurred within six months of the application date.

Please list all applicable permit number(s) [e.g., NC0001215, NCG680012, WQ0057791] and county location below. Additional sheets may be attached if necessary.
Commercial applicants please fill out Section C.

PERMIT # _____ PERMIT TYPE: _____ COUNTY: _____

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PERMIT # _____ PERMIT TYPE: _____ COUNTY: _____

If applicable, please list all laboratories that perform analyses for which you have a monitoring requirement but do not perform the analyses in your own laboratory. **This section may not be applicable to Commercial Laboratories.**

LABORATORY NAME _____ NC WW/GW LABORATORY CERT#: _____

LABORATORY NAME _____ NC WW/GW LABORATORY CERT#: _____

LABORATORY NAME _____ NC WW/GW LABORATORY CERT#: _____

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

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

** If not a Certified Operator, please provide Education level and/or Laboratory experience below.

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

** Experience: List work-related experience, indicating the employer, years of employment, and basic job description. **Also, list pertinent licenses, Operator Certification and grade, etc.**

Section C:	Commercial Client Contact Information	(Complete this section only if charging a fee for analytical services)
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Facility Name	PERMIT #	Type/Grade of Plant
Facility Street Address	City/State	Zip
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Facility Name	PERMIT #	Type/Grade of Plant
Facility Street Address	City/State	Zip
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Facility Street Address	City/State	Zip

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

Section D: Analytical Methods and Equipment

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) _____

Parameter methods for which Certification may be requested are listed below. **This list is not all inclusive but represents the parameter methods most often requested. Submit a request for additional parameter methods by writing the reference and method number in the "Other" column next to the appropriate parameter.**

Method Selection: Please circle each method for which you are requesting Certification and specify the lower reporting limit for Chlorine. If the method does not appear, you may write it in the "Other" column. Be sure to include the complete method reference.

Inorganic Analytical Parameters	Technology	EPA Methods	Standard Methods	EPA SW-846	Other (Include Reference and Method No.)	Lower Reporting Limit Conc. (Include Units)	
Chlorine, Free Available	Amperometric Titration		4500-CI D-2011				
	DPD-FAS		4500-CI F-2011				
	Spectrophotometric, DPD		4500-CI G-2011				
Chlorine, Total Residual	Iodometric Titration I		4500-CI B-2011				
	Back Titration (either end-point)		4500-CI C-2011		Hach 10025 ULR		
	Amperometric Titration		4500-CI D-2011		Hach 10026 ULR		
	Low-Level Amperometric Titration		4500-CI E-2011				
	DPD Colorimetric			4500-CI G-2011		Hach 10014 ULR	
						Hach 8167 HR	
						Hach 10070 HR	
DPD-FAS		4500-CI F-2011					
Electrode					Orion Electrode, 1977		

Inorganic Analytical Parameters	Technology	EPA Methods	Standard Methods	EPA SW-846	Other (Include Reference and Method No.)	Lower Reporting Limit Conc. (Include Units)	
Conductivity at 25°C	Wheatstone Bridge	120.1, Rev. 1982	2510 B-2011	9050A			
Dissolved Oxygen (DO)	Winkler		4500 O C-2016				
	Electrode		4500 O G-2016		ASTM D888-12 (B)		
	Luminescence Based Sensor					ASTM D888-12 (C)	
				SM 4500 O H-2016		Hach 10360	
						In-Situ 1002-8-2009	
pH	Electrode		4500 H ⁺ B-2011	9040C	USGS I-1586-85		
				9045D			
	Automated Electrode	150.2 (1982)					
Residue, Settleable	Volumetric		2540 F-2015				
Salinity	Electrical Conductivity		2520 B-2011				
Sulfite	Titrimetric		4500 SO ₃ ²⁻ B-2011				
Temperature	Thermometric		2550 B-2010		USGS Method 1975		
Turbidity	Nephelometric	180.1, Rev. 2.0, 1993	2130 B-2011				
VAR Option 5: Aerobic Processes at Greater than 40 °C	Thermometric				EPA/600/R-22/194		
VAR Option 6: Addition of Alkali	Electrode				EPA/600/R-22/194		
VAR Option 12: Raising the pH of Domestic Septage	Electrode				EPA/600/R-22/194		

Equipment: Please list equipment available to perform the selected analyses:

Analytical Parameter	Equipment	Office Use

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 requirements of NC WW/GW Laboratory Certification, 15A NCAC 2H .0800.

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

Print Name _____
 (First) (M.I.) (Last)