**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 07/19/2021

**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

Fax: 919-733-6241

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 $150.00 will be assessed to all Municipal, Industrial, and Other laboratories. Commercial laboratories must pay an annual fee of $300.00. *Do not submit annual fees until you are issued an invoice. Invoices will be issued after completion of the application process.*

**Section A:** Facility and Contact Information

 OFFICE USE ONLY

Facility Name: CERT#:\_\_\_\_\_\_\_\_

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 the six months prior to the date of application.

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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**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)**

Facility Name PERMIT # Type/Grade of Plant

Facility Street Address City/State Zip

Facility Name PERMIT # Type/Grade of Plant

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-Cl D-2011 |  |  |  |
| DPD-FAS |  | 4500-Cl F-2011 |  |  |  |
| Spectrophotometric, DPD |  | 4500-Cl G-2011 |  |  |  |
| Chlorine, Total Residual | Iodometric Titration I |   | 4500-Cl B-2011 |   |   |   |
| Back Titration(either end-point) |   | 4500-Cl C-2011 |   | Hach 10025 ULR  |   |
| Amperometric Titration |   | 4500-Cl D-2011 |   | Hach 10026 ULR |   |
| Low-Level Amperometric Titration |   | 4500-Cl E-2011 |   |   |   |
| DPD Colorimetric |   | 4500-Cl G-2011 |   | Hach 10014 ULR |   |
| Hach 8167 HR |  |
| Hach 10070 HR |  |
| DPD-FAS |  | 4500-Cl 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 25ºC |  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  |   | Hach10360 |  |
|  |  |  | In-Situ 1002-8-2009  |  |
| pH | Electrode |   | 4500 H+ B-2011 | 9040C |  |  |
|   |   | 9045D |   |  |
| Automated Electrode  | 150.2 (1982) |   |   |   |  |
| Residue, Settleable | Volumetric |   | 2540 F-2015 |   |   |  |
| Salinity | Electrical Conductivity |  | 2520 B-2011 |  |  |  |
| Sulfite | Titrimetric |  | 4500 SO32- 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/625/R-92/013 |  |
| VAR Option 6: Addition of Alkali | Electrode |  |  |  | EPA/625/R-92/013 |  |
| VAR Option 12: Raising the pH of Domestic Septage | Electrode |  |  |  | EPA/625/R-92/013 |  |

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

|  |  |  |
| --- | --- | --- |
| **Analytical Parameter** | **Equipment** | **Office Use** |
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**Standard Operating Procedures:** Submit one copy of the laboratory’s Standard Operating Procedure(s) (SOPs) for each Parameter Method for which you are seeking Certification. Each SOP must include the established quality control limits (where appropriate to the method). Also, submit an SOP for how Proficiency Testing will administered and how analyst training will be documented.

**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)**

Form#200-app

Revised 07/19/2021