Department of Health and Human Services North Carolina State Laboratory of Public Health Environmental Sciences Laboratory Certification Office 1918 Mail Service Center, Raleigh, North Carolina 27699-1918

Application for Certification of Drinking Water Testing Laboratories

Please complete all applicable parts of this form and return to the above address.

1.	Laboratory Name:							
2.	Mailing Address:							
	City:	State: Zip Code:						
3.	Street address:							
	City:	State: Zip Code:						
4.	Phone:	Fax:						
5.	Name of Contact Person:							
	E mail:							
6.	Out of state laboratories complete thi	s section:						
	EPA Certified: Yes No	State Certified: Yes No						
	NELAC Certified: Yes No							
	Name & Address of primary Certifyi	ng Agency:						

Certificate number: _____ Certificate expiration date: _____

<u>Check (✓) the parameter(s) and insert the method(s) for which certification is requested.</u>

Microbiology

✓	Method(s)	Parameter
		Total Coliform & E. coli Presence-Absence (TCR)
		<i>E. coli</i> & Total Coliform* Presence-Absence (GWR)
		Enterococci (GWR)
		Coliphage (GWR)
		Heterotrophic Plate Count

*North Carolina requires that both *E. coli* and Total Coliform be reported for samples collected under the Ground Water Rule.

Inorganic chemistry

Metals:

✓	Method(s)	Parameter	✓	Method(s)	Parameter
		Arsenic			Manganese
		Barium			Magnesium
		Beryllium			Sodium
		Cadmium			Nickel
		Chromium			Lead
		Copper			Antimony
		Iron			Selenium
		Mercury			Thallium

Other Inorganic Analytes:

✓	Method(s)	Parameter	\checkmark	Method(s)	Parameter
		Alkalinity			Hardness, Total
		Asbestos			Nitrate
		Bromide			Nitrite
		Bromate			Sulfate
		Chlorite			TDS
		Cyanide			TOC/DOC
		Fluoride			UV ₂₅₄
		Hardness, Ca			

Multiple pages may be used as necessary.

Organic Chemistry I – Haloacetic Acids, PCBs, Dioxin and Pesticides

\checkmark	Method(s)	Parameter		\checkmark	Method(s)	Parameter
		Haloacetic Acids	Γ			Di-2(ethylhexyl)adipate
		PCBs	Γ			Endothall
		Dioxin	Γ			Glyphosate
		Endrin	Γ			Simazine
		Lindane	Γ			Picloram
		Methoxychlor	Γ			Dinoseb
		Toxaphene	Γ			Atrazine
		Hexachlorocyclopentadiene	Γ			Alachlor
		Heptachlor	Γ			2,4-D
		Heptachlor epoxide	Γ			2,4,5-TP
		Hexachlorobenzene	Γ			Pentachlorophenol
		Dibromochloropropane				Oxamyl
		Ethylene dibromide				Carbofuran
		Chlordane				Di-2(ethylhexyl)phthalate
		Dalapon				Benzo(a)pyrene
		Diquat				

Organic Chemistry II

\checkmark	Method(s)	Parameter	\checkmark	Method(s)	Parameter
		Total Trihalomethanes			Volatile Organic Chemicals

Radiochemistry

\checkmark	Method(s)	Parameter	✓	Method(s)	Parameter
		Gross alpha			Strontium – 89
		Gross beta			Strontium – 90
		Radium – 226			Tritium
		Radium – 228			Cesium – 134
		Uranium			Photon emitters

Multiple pages may be used as necessary.

Non-certified parameters

The EPA mandates that although certification is not required for the following analytes, the Laboratory Certification Office must verify that approved methods are used for this testing. In addition, these analytes are included on certain reporting forms and must be entered into the North Carolina Public Water Supply (PWS) database in order for electronic data submissions to be accepted. Therefore, please complete the required information for any of these for which you expect to report data to the NC PWS.

\checkmark	Method(s)	Parameter	✓	Method(s)	Parameter
		Turbidity			Conductivity
		Calcium			Acidity
		Chloride			Zinc
		Ortho-phosphate			Color
		Silica			pН
		Silver			Water Temperature
		Aluminum			
		Cryptosporidium (LT2			E. coli enumeration (LT2
		Surface Water Treatment			Surface Water Treatment
		Rule)			Rule)

Multiple pages may be used as necessary.

- 7. Fees: Fees are two hundred and fifty dollars (\$250.00) per analyte group. The analyte groups are as follows:
 - 1) Inorganic chemistry
 - 2) Organic chemistry I (SOCs)
 - 3) Organic chemistry II (VOCs)
 - 4) Microbiology
 - 5) Radiochemistry

The certification fee shall not be prorated nor refunded. Twenty percent shall be due at the time of the application. Checks should be written to: "NC Department of Health and Human Services"

8. Certificate of Applicant: The applicant has read and understands 10A NCAC 42D .231-.0261 and acknowledges that the laboratory is subject to the rules and regulations concerning laboratory certification and standards of performance.

I hereby certify that I am authorized to sign this application on behalf of the laboratory and that there are no misrepresentations in my answers to the questions on this application.

Print name of Laboratory (Legal Name)

Print Name of Laboratory Director