

Department of Health and Human Services  
North Carolina State Laboratory of Public Health  
Environmental Sciences  
Laboratory Certification Office  
P.O. Box 28047, Raleigh, North Carolina 27611

**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 this section:

EPA Certified: Yes \_\_\_ No \_\_\_ State Certified: Yes \_\_\_ No \_\_\_

NELAC Certified: Yes \_\_\_ No \_\_\_

Name & Address of primary Certifying Agency:

Certificate number: \_\_\_\_\_ Certificate expiration date: \_\_\_\_\_

**Check (✓) the parameter(s) and insert the method(s) for which certification is requested.**

**Microbiology**

✓	Method(s)	Parameter
		Total Coliform & <i>E. coli</i> Presence-Absence (TCR)
		<i>E. coli</i> enumeration (LT2 Surface Water Treatment Rule)
		<i>E. coli</i> & Total Coliform* Presence-Absence (GWR)
		Enterococci (GWR)
		Coliphage (GWR)
		Heterotrophic Plate Count
		<i>Cryptosporidium</i> (LT2 Surface Water Treatment Rule)

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

Multiple pages may be used as necessary.

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

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

## Organic Chemistry II

✓	Method(s)	Parameter	✓	Method(s)	Parameter
		Total Trihalomethanes			Volatile Organic Chemicals

## Radiochemistry

✓	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.

✓	Method(s)	Parameter		✓	Method(s)	Parameter
		Turbidity				Conductivity
		Calcium				Acidity
		Chloride				Zinc
		Ortho-phosphate				Color
		Silica				pH
		Silver				Water Temperature
		Aluminum				

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Laboratory Director