

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Water Supply Program
1800 Washington Blvd., Suite 450
Baltimore, Maryland 21230-1708

Office Use Only
Date Expires _____
Date Rec'd _____

APPLICATION FOR WATER QUALITY LABORATORY CERTIFICATION

Please answer all questions completely, and submit all information pertinent to your certification.

IN-STATE RENEWAL INFORMATION

1. Name of Laboratory _____

2a. Lab Certification #. _____ 2b. USEPA Lab ID#: _____ 2c. FEIN #. _____

3. Street address _____

Mailing address (if different from above) _____

4. Telephone number: _____ FAX number: _____

5. Laboratory Director's Name _____

6. Person(s) in Charge of Water Quality Analysis, if other than Laboratory Director: _____

7. QA/QC Officer's Name _____ Telephone number: _____

* 8. If applicable, submit a copy of the last on-site survey performed by the U.S. Environmental Protection Agency, including your corrective action response.

Please check appropriate answer:

Yes **No**

*9. Do you wish to maintain certification for the parameters you currently hold? Yes No

Do you wish to delete any? Yes No

Do you wish to be considered for any new ones? Yes No

- Fill out the attached List of Approved Tests, by choosing the parameter and listing the method reference and edition or revision number.

*10. Have any personnel changes occurred in the past year? Yes No

- Please use the Training Qualification form to list transfers, additions, and deletions.

*11. Are there any new analytical/technical level personnel in any of the work areas? Yes No

Are there any new supervisory personnel? Yes No

- For all new employees, please complete and return signed copies of enclosed Registration of Laboratory Personnel form. (Should adequately document academic and/or employment history as suitable qualifications for the position).

* **Indicates that attachments should be submitted with application.**

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- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| *12. Do you have documentation on file of an Initial Demonstration of Capability and a Method Detection Limit Study for all analyte methods? | <input type="checkbox"/> | <input type="checkbox"/> |
| *13. Have you made any changes or modifications to your Standard operating procedures in the last year?
- Please submit copies revised Standard Operating Procedures. | <input type="checkbox"/> | <input type="checkbox"/> |
| *14. Have you installed any new equipment, instrumentation or facilities since the last on-site visit?
- Please include the make and model numbers, and submit copies of QC records. | <input type="checkbox"/> | <input type="checkbox"/> |
| *15. Are you requesting certification for microbiology and /or chemistry and/or radiochemistry?
- Please submit all performance evaluation results for the last 12 months. | <input type="checkbox"/> | <input type="checkbox"/> |
| *16. Do you have any other information pertinent to your certification renewal for drinking water analysis that would influence this application?
- Please describe on a separate sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Does this laboratory hold certification in any other state? please list state(s) in which certified: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Please send a check for \$ _____ to cover the certification fee, and _____ parameters. (Fee = \$ 250.00 certification fee and \$ 10.00 per parameter/method. If you wish to add additional parameters please enclose \$ 10.00 for each.) | | |
| 19. Please provide a contact person's name and email address for your laboratory:
_____ | | |

* **Indicates that attachments should be submitted with application.**

Mandatory attachments:

- List of Approved Tests - Complete with method reference.
- Certificates - Edited with laboratory changes (personnel, address, parameters).
- PT results for microbiology/chemistry/radiochemistry – Performed within the last 12 months.

Additional attachments (if applicable):

- Registration of Laboratory Personnel form - Completed and signed for all **new** personnel only.
- Equipment, instruments, facilities - List of **new** acquisitions with pertinent information.
- Training Qualification form - Complete if personnel changes

Please see page 4 for payment and mailing address information.

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Attestation

I certify that the information provided in this application is true and complete and accurately describes the physical operation, staffing, methodology and quality assurance implemented in this laboratory according to the terms of its certification in the state in which it is located I understand that any intentional misrepresentation of any of the above information, for the purpose of obtaining certification, is a violation of Maryland regulations, which may result in a refusal of the application for certification or suspension or revocation of any existing certification. I further understand that a person who violates any of the laws and regulations governing water quality laboratory certification is guilty of a misdemeanor punishable by a fine or imprisonment or both.

Laboratory Director _____ Signature _____ Date _____

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FOR CERTIFICATION APPLICATION AND CORRESPONDENCE:

Linda Ames MDE – Water Supply Program
1800 Washington Blvd., Suite 450
Water Supply Program
Baltimore, MD 21230-1708
Phone Number: 410-537-3712
(In Maryland) 1-800-633-6101 (ext 3729)
Fax: 410-537-3157
Email: linda.ames@maryland.gov

FOR CERTIFICATION PAYMENT:

Make checks payable to: **Maryland Department of the Environment**

Include a cover letter containing the following information:

- Name of laboratory requesting certification
- Address of laboratory
- Name of contact
- Phone number of contact
- Maryland Laboratory Certification Number
- Amount of check
- Check number

Mail check and cover letter to:

Maryland Department of the Environment
P.O. Box 2057
Baltimore, MD 21203-2057

Renewal – In-State

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