

## Instruction & Acronyms Defined

To request initial certification of a new laboratory for DW methods in the State of MD, complete all four sections below. Submit this application, along with supporting documentation requested. For certification fees to establish a new lab, follow instructions in section titled **New Laboratory Payment Information**.

Please refer to below list for acronyms used in the application:

<b>DW</b> – Drinking Water	<b>FEIN</b> – Federal Employer Identification Number	<b>LCP</b> – Laboratory Certification Program
<b>MDE</b> – Maryland Department of the Environment	<b>PCF</b> – Payment Coupon Form	<b>PT</b> – Proficiency Test
<b>PWS</b> – Public Water System	<b>QA</b> – Quality Assurance	<b>QC</b> – Quality Control
<b>SDWA</b> – Safe Drinking Water Act	<b>SLP</b> – Supervisory Level Personnel	<b>SOP</b> – Standard Operating Procedures
<b>US-EPA</b> – US Environmental Protection Agency	<b>WCI</b> – Workers' Compensation Insurance	

## SECTION #1 – LABORATORY INFORMATION

**Name of New Laboratory:** \_\_\_\_\_ **FEIN #:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
*(if different from physical address above)*

**Has the lab previously held any DW laboratory certification in the State of Maryland?**

☐ No

☐ Yes

*If YES, provide the information from the lab's previously held certification with the State of Maryland below:*

**MD Lab ID#:** \_\_\_\_\_

**US-EPA  
Lab ID#:** \_\_\_\_\_

**Does the lab currently hold any DW laboratory certification in any other state or US territory?**

☐ No

☐ Yes: \_\_\_\_\_  
*(above, list all states where currently certified)*

**What type of lab best describes the current use?** *(check all that apply)*

☐ Commercial

☐ Public Water System: \_\_\_\_\_  
*(list all PWSs served if lab tests for potable water above)*

☐ Waste Water Plant

☐ Other: \_\_\_\_\_  
*(provide lab type above)*

**Provide information for Lab's WCI below:** *(All state laboratories are required to provide Workers Compensation Insurance for employees. An employer that fails to secure adequate compensation for all covered employees may be subject to a penalty not to exceed \$10,000.)*

**WCI Provider:** \_\_\_\_\_ **WCI Policy #:** \_\_\_\_\_

## SECTION #1 – LABORATORY INFORMATION *(continued)*

Is the lab connected to or have any association (i.e., subsidiary) with a larger corporation?

- ☐ No      ☐ Yes: *If YES, complete the section below in regards to the larger corporation the lab is affiliated with.*

Name of Corporation: \_\_\_\_\_

Corporation Address: \_\_\_\_\_

Name of Lab Owner: \_\_\_\_\_

Lab Owner Address: \_\_\_\_\_

## SECTION #2 – ORGANIZATIONAL STRUCTURE

Provide lab's key personnel and select which individual serves as the Main Contact (MC) below:

MC?	NAME OF PERSONNEL	PHONE	EMAIL
<input type="checkbox"/>	Lab Director: _____	_____	_____
<input type="checkbox"/>	QA/QC Officer: _____	_____	_____
<input type="checkbox"/>	Other: _____ <i>(title above)</i> <i>(name above)</i>	_____	_____

Provide copy of the following documentation listed below:

- ☐ **Lab Organization & Personnel Qualifications Form <sup>(1)</sup>** *Complete the requested form providing all personnel relevant to laboratory operations (including all analysts and SLP).*
- ☐ **Laboratory Personnel Registration Form <sup>(1)</sup>** *Submit a separate form for every technologist, chemist, analysts and technicians.*
- ☐ **Supervisory Level Personnel Registration Form <sup>(1)</sup>** *Submit a separate form for every SLP (i.e., directors, supervisors, managers, etc.).*

*(1) Can be obtained from the "Laboratory Certification Application and Forms" section of [MDE-LCP's home page of our website](#)*

## SECTION #3 – FACILITIES PHYSICAL LAYOUT

For the analytical area/room, within each area, provide the following information:

	CHEMISTRY <input type="checkbox"/>	MICROBIOLOGY <input type="checkbox"/>	RADIONUCLIDES <input type="checkbox"/>
Room size (≈ width x length)?	_____ (ft <sup>2</sup> )	_____ (ft <sup>2</sup> )	_____ (ft <sup>2</sup> )
Analytical bench space (≈ linear length)?	_____ (linear ft)	_____ (linear ft)	_____ (linear ft)
Number of personnel assigned to area?	_____	_____	_____
Is the room temperature controlled?	Yes      No	Yes      No	Yes      No
Is a exhaust hood(s) present, certified & meet all safety requirements?	Yes      No      n/a	Yes      No      n/a	Yes      No      n/a
Is there a separate prep room/area?	Yes      No	Yes      No	Yes      No
If applicable, prep room/area size?	_____ (ft <sup>2</sup> )	_____ (ft <sup>2</sup> )	_____ (ft <sup>2</sup> )
If applicable, number of personnel assigned to prep room/area?	_____	_____	_____
If applicable, is the prep room/area temperature controlled?	Yes      No	Yes      No	Yes      No

Does the lab conform with all local building codes and/or restriction regarding the following items?

Yes      No

Zoning

Structural Integrity

Fire Prevention

Waste Disposal

Sanitation

Security

## On-site Audit Scheduling

*After receipt of the application, a response will be provided within 30 days. At that time, an MDE-LCP representative will contact the lab providing the status of the application review, where revisions, additional information, clarification, etc. may be required to complete the review. Once the application review is complete, the MDE-LCP representative will establish a mutually agreeable date and time for the required on-site laboratory audit, the final component of laboratory certification.*

## SECTION #4 – METHOD CERTIFICATION REQUEST

Below, indicate the type of DW methods Lab is requesting certification: (check all that apply)

Chemistry	Microbiology	Radiochemistry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(includes Pesticides, Herbicides, HAA5s, VOCs & THMs)	(includes HPCs, E. Coli & total coliforms)	(includes all radionuclides)

Provide copy of the following documentation listed below:

- ☐ **QA Manual and SOPs** *Provide QA manual/plan (i.e., QC checks, precision/accuracy data, sample handling procedures, data reporting, record keeping protocols, etc.). Electronic submission preferred.*
- ☐ **Initial Demo of Capability (IDC)** *For each new organic chemistry method, provide IDC for analytical team for every instrument method is being conducted.*
- ☐ **Method Detection Limit Study (MDL)** *For organic and inorganic methods, provide an MDL Study to MDE.*
- ☐ **Proficiency Tests** *Copy of acceptable PT results for each certified parameter and method. **Our program will only accept Water Supply (WS) Studies.***
- ☐ **Requested Test Method List <sup>(1)</sup>** *Complete the requested form outlining the Lab's requested analytes/parameters and methods for certification.*

*(1) Can be obtained from the "Laboratory Certification Application and Forms" section of [MDE-LCP's home page of our website](#)*

## Attestation

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

Laboratory Director: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### FOR MDE-OFFICE USE ONLY

Expiration Date: \_\_\_\_\_

Received Date: \_\_\_\_\_

CO's Initials: \_\_\_\_\_

## New Laboratory Payment Information

**\$400 Certification Fee** – *The initial certification fee for all new laboratory applicants, regardless the number of analytes and methods requested. Send actual check, along with the [PCF](#), to PO Box indicated on the form.*

To submit payment, follow instruction provided on [PCF](#). A copy of the check should be attached separately, with the **New Lab Application**.

**\*\*DO NOT SEND CHECK with New Lab Application\*\***

## New Lab Application Submission

Submission of application must be done by either of the following options:

- Email to [mde.labcertification@maryland.gov](mailto:mde.labcertification@maryland.gov) (Preferred method)

*Save the application and required documentation into a .pdf format file and email to the address given.*

*Please send with the following typed in subject line: **MD New Lab Cert App Submission**. If size of email is over 25 MB, send application content in multiple emails.*

- Mail by US Postal or another reputable courier

*Print out copy of application, along with copy of required documentation and mail to the address given.*

*Send with the following header on the top line: **MD New Lab Cert App Submission**. Send to:*

**MDE-Water Supply Program  
1800 Washington Boulevard, Suite 450  
Baltimore, MD 21230**