



OEPA Office Use Only

Application ID: _____

Received: _____

Approved: _____

Revenue ID: _____

Fee Applied: _____

Limited Trace Metals Application for Certification

The applicant affirms the right of the Ohio Environmental Protection Agency to inspect the laboratory, its operations and pertinent records. The applicant agrees the personnel to be approved will analyze applicable unknown performance samples, provided at the time of the survey and will report the values within a time period designated by the Laboratory Certification Officer.

Application for (Check any applicable boxes):

Initial Return (No Charge) Renewal Add Analyst(s) Add Method(s)

Name of Laboratory: _____

Laboratory Certification Number: _____

Mailing Address: _____

Laboratory Address: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

County: _____

Ohio EPA District: _____

Name of primary contact for the Laboratory: _____
First Middle Initial Last

Fill in the date the certification expires: _____

Analyst Information: Select NEW if an analyst has not been previously certified at this laboratory or if adding a new test method(s).

Analyst Name and Number	NEW	EPA 200.5	EPA 200.7	EPA 200.8	EPA 200.9	SM 3111 B	SM 3113 B	SM 3120 B

Method Information: Circle all certified contaminants by method. The metals/elemental symbols are listed on page 3.

Method Number	Contaminant
EPA 200.5	Cu, Fe, Pb, Mn
EPA 200.7	Cu, Fe, Mn
EPA 200.8	Cu, Pb, Mn
EPA 200.9	Cu, Fe, Pb, Mn
SM 3111 B	Cu, Fe, Mn
SM 3113 B	Cu, Fe, Pb, Mn
SM 3120 B	Cu, Fe, Mn

Metals/Elemental Symbols

Cu: Copper
Pb: Lead
Fe: Iron
Mn: Manganese

OATH

I certify that all of the statements made on this application are true, complete and correct to the best of my knowledge and belief and are made in good faith.

Signature of Primary Contact: _____ Date: _____

Title of Primary Contact: _____

Send completed applications to: DWLabCert@epa.ohio.gov

-or-

Ohio Environmental Protection Agency
Division of Environmental Services
Laboratory Certification Section
8955 E. Main Street
Reynoldsburg, OH 43068

NOTICE

Incomplete or illegible applications will be returned without being processed.
After processing this application an invoice will be generated. Unless previously paid, submission of the three year survey fee payment is required within 30 days after the date on the invoice letter.