



Ohio EPA Office Use Only

Application ID:			
Received:	/ /	Approved:	/ /

In-State Application for Drinking Water Laboratory Acceptance

This application is only for those methods approved by U.S. EPA per Ohio Administrative Code 3745-81-27.

Application for (check applicable boxes):

- Initial
 Renewal
 Add Method(s)

Name of Laboratory:							
Ohio EPA Laboratory Number:							
Mailing Address:							
City:		State:		Zip:		-	
Laboratory Address:							
City:		State:		Zip:		-	
Phone Number:	() -	Extension:		Fax Number:	() -		
Email Address:				County:			
Ohio EPA District:							
Name of Primary Contact for the Laboratory:							
		<small>First</small>	<small>Middle Initial</small>	<small>Last</small>			
Date Laboratory Certification Expires:		/ /					

NOTICE

In order to be processed, the most current version of the application must be used, and it must be complete and legible. The most current version is located on our website at <https://epa.ohio.gov/ddagw/labcert>.

Required Information:

1. Submit a copy of the current certificate of accreditation, issued to the laboratory by an accrediting body (e.g., NELAC).
2. Submit an evaluation of the most recent PT sample study for the method(s)/analyte(s) which acceptance is being requested. (A provider of PT samples must be accredited by a Proficiency Testing Provider Accreditor that meets the National Environmental Laboratory Accreditation Conference requirements.)
3. Submit reports from the most recent on-site inspection by the accrediting body issuing the certification to the laboratory. The on-site inspection must be completed by a U.S. EPA-certified Certification Officer.
4. On the table on page 3, list all methods and specific analytes (per method) for which acceptance is being requested.

OATH

I certify that all of the information included on this application is true, complete and correct to the best of my knowledge and belief and are made in good faith. I affirm the right of the Ohio Environmental Protection Agency to inspect the laboratory, its operations and pertinent records. I affirm that I will abide by the requirements in rule 3745-89-12 of the Ohio Administrative Code.

Signature of Primary Contact for Laboratory:		Date:	/	/
Title of Primary Contact for Laboratory:				

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

