



Ohio EPA Office Use Only			
Application ID:		Type:	<input type="checkbox"/> Standard Chemistry <input type="checkbox"/> Limited Chemistry
Received:	/ /	Approved:	/ /
Revenue ID:		Fee Applied:	

## Chemical Application for Certification

Application for (check applicable boxes):

Initial   
  Renewal   
  Add Analyst(s)   
  Add Method(s)

Name of Laboratory:							
Laboratory Certification 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:							
		<i>First</i>	<i>Middle Initial</i>	<i>Last</i>			
Email Address to Send Invoices:							
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/divisions-and-offices/drinking-and-ground-waters/public-water-systems/laboratory-certification>. After acceptance of this application, an invoice will be generated. Additionally, the lab must have copies of all referenced methods and an acceptable SOP, or the most current version of the Ohio EPA lab certification manual.

**Analyst Information:**

- List analyst name and analyst number.
- Identify if an analyst is seeking Certification or Operational Certification.
- Mark NEW if an analyst is new to this laboratory or is changing status.
- Identify the analyte(s) for which each analyst is seeking certification.  
*The abbreviated test methods are listed on page 3.*

Analyst Name and Analyst Number	Certified	Operationally Certified	NEW	Alkalinity	Chlorine	Fluoride	Hardness	pH	Stability	Turbidity	Chloride	Chlorite	Chlorine Dioxide	Nitrate	Nitrite	Bromide	Orthophosphate	Phosphorous	Sulfate	TDS	TOC/DOC	Cyanide	UV 254	Other
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Specify Other																								

Test	Select Method(s) in use. If not listed, please list method reference.									
Alkalinity	<input type="checkbox"/>	SM 2320 B	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Bromide	<input type="checkbox"/>	EPA 300.0	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Chloride	<input type="checkbox"/>	SM 4500 Cl <sup>-</sup> -B	<input type="checkbox"/>	EPA 300.0	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Chlorine	<input type="checkbox"/>	SM 4500 Cl-D	<input type="checkbox"/>	SM 4500 Cl-F	<input type="checkbox"/>	SM 4500 Cl-G	<input type="checkbox"/>		<input type="checkbox"/>	
Chlorite	<input type="checkbox"/>	SM 4500-ClO <sub>2</sub> -E	<input type="checkbox"/>	ChlordioX Plus - Palintest			<input type="checkbox"/>		<input type="checkbox"/>	
ClO <sub>2</sub> : Chlorine dioxide	<input type="checkbox"/>	SM 4500 ClO <sub>2</sub> -D	<input type="checkbox"/>	SM 4500 ClO <sub>2</sub> -E	<input type="checkbox"/>	ChlordioX Plus - Palintest			<input type="checkbox"/>	
Cyanide	<input type="checkbox"/>	SM 4500 CN-C	<input type="checkbox"/>	SM 4500 CN-E	<input type="checkbox"/>	QuikChem 10-204-00-1-X			<input type="checkbox"/>	EPA 335.4
Fluoride	<input type="checkbox"/>	SM 4500 F-C	<input type="checkbox"/>	EPA 300.0	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Hardness	<input type="checkbox"/>	SM 2340 C	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Nitrate	<input type="checkbox"/>	SM 4500 NO <sub>3</sub> -E	<input type="checkbox"/>	SM 4500 NO <sub>3</sub> -F	<input type="checkbox"/>	Hach 10206, Rev 2.0 Nitrate TNT System	<input type="checkbox"/>	EPA 300.0	<input type="checkbox"/>	EPA 353.2
Nitrite	<input type="checkbox"/>	SM 4500 NO <sub>2</sub> -B	<input type="checkbox"/>	SM 4500 NO <sub>3</sub> -E	<input type="checkbox"/>	SM 4500 NO <sub>3</sub> -F	<input type="checkbox"/>	EPA 300.0	<input type="checkbox"/>	EPA 353.2
Ortho - P	<input type="checkbox"/>	SM 4500 P-E	<input type="checkbox"/>	EPA 300.0	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
pH	<input type="checkbox"/>	SM 4500 H <sup>+</sup>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Phosphorous	<input type="checkbox"/>	SM 4500 P-B and E	<input type="checkbox"/>	SM 4500 P-B and F			<input type="checkbox"/>	EPA 365.1	<input type="checkbox"/>	
Stability	<input type="checkbox"/>	SM 2330 CaCO <sub>3</sub> Saturation			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Sulfate	<input type="checkbox"/>	SM 4500 SO <sub>4</sub> -C	<input type="checkbox"/>	SM 4500 SO <sub>4</sub> -D	<input type="checkbox"/>	SM 4500 SO <sub>4</sub> -E	<input type="checkbox"/>	EPA 300.0		
TDS	<input type="checkbox"/>	SM 2540 C	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
TOC/DOC	<input type="checkbox"/>	SM 5310 B	<input type="checkbox"/>	SM 5310 C	<input type="checkbox"/>	SM 5310 D	<input type="checkbox"/>	EPA 415.3		
Turbidity	<input type="checkbox"/>	SM 2130 B	<input type="checkbox"/>	Hach Method 10258 Turbidity by 360° Nephelometry					<input type="checkbox"/>	
UV 254	<input type="checkbox"/>	SM 5910 B	<input type="checkbox"/>	EPA 415.3	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

**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 agree 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.

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

Send completed applications to: [DWLabCert@epa.ohio.gov](mailto:DWLabCert@epa.ohio.gov)