

**STATE OF NORTH CAROLINA*****Application for Initial Environmental Field-Laboratory Certification***

DEPARTMENT OF ENVIRONMENTAL QUALITY

DIVISION OF WATER RESOURCES

WASTEWATER/GROUNDWATER LABORATORY CERTIFICATION BRANCH

07/01/2024

**INSTRUCTIONS:** This application is only one part of the Certification process; completing and submitting an application does not constitute Certification. Upon review of the completed application, additional clarifications and documentation may be required. Clarifications and additional requested information received in a timely manner will expedite your application process. Please complete all applicable parts of this form using a computer or print legibly in ink.

**To apply for Field-Laboratory Certification, return a single electronic copy of this form to your assigned auditor OR a single hard copy may be mailed to:**

**DEQ/DWR Water Sciences Section****Laboratory Certification Branch****1623 Mail Service Center****Raleigh, NC 27699-1623**

For additional information, contact the Laboratory Certification program office:

Webpage: <https://deq.nc.gov/about/divisions/water-resources/water-resources-data/water-sciences-home-page/laboratory-certification-branch/laboratory-certification-contact-information>

**ANNUAL FEES:** Annual Certification Fees of \$250.00 will be assessed to all Municipal, Industrial, and Other laboratories. Commercial laboratories must pay an annual fee of \$500.00. Out-of-State Commercial Field laboratories must pay an annual fee of \$750.00.

***Do not submit annual fees until you are issued an invoice.***

**Submit one copy of the Laboratory's Quality Assurance Manual**, which must include the following: Established quality control limits (where appropriate to the method) for all requested parameter methods; Standard Operating Procedures (SOPs) for each parameter method for which Certification is requested; A listing of major equipment used in the analytical testing processes; A description of how a documented training program is administered, with completed documentation for all analysts who will be performing compliance testing; A description of how Proficiency Testing is administered.

If the laboratory does not have a single Quality Assurance Manual containing all of the above elements, individual SOPs containing the required information pertinent to each parameter method may be submitted.

<b>Section A:</b> Facility and Contact Information
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Facility Name: \_\_\_\_\_

EPA Lab Code: \_\_\_\_\_

Contact Person\*: \_\_\_\_\_

Telephone #, ext. \_\_\_\_\_

Contact Person E-Mail Address: \_\_\_\_\_

Laboratory Supervisor: \_\_\_\_\_ Telephone #, ext. \_\_\_\_\_

Laboratory Supervisor E-Mail Address: \_\_\_\_\_

Facility Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County (NC applicant only): \_\_\_\_\_ Fax Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Contact Person: \_\_\_\_\_ Telephone #, ext. \_\_\_\_\_

Billing Contact Person E-Mail Address: \_\_\_\_\_

\* For North Carolina Wastewater/Groundwater Laboratory Certification Branch (NC WW/GW LCB) purposes, the Contact Person may also be the Laboratory Supervisor.

Will your laboratory be charging a fee for analytical services? YES \_\_\_\_\_ NO \_\_\_\_\_

**Proficiency Testing (PT)** – Prior to issuance of Certification, this office **must receive acceptable PT Sample results** from an Accredited PT Sample Provider for each of the methods for which Certification is requested and for which PT Samples are required (i.e., Turbidity, Conductivity, pH, Settleable Residue, Free Available Chlorine and Total Residual Chlorine). All PT Sample analyses must have occurred within six months of the application date.

Please list all applicable permit number(s) [e.g., NC0001215, NCG680012, WQ0057791] and county location below. Additional sheets may be attached if necessary.  
**Commercial applicants please fill out Section C.**

PERMIT # \_\_\_\_\_ PERMIT TYPE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

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If applicable, please list all laboratories that perform analyses for which you have a monitoring requirement but do not perform the analyses in your own laboratory. **This section may not be applicable to Commercial Laboratories.**

LABORATORY NAME \_\_\_\_\_ NC WW/GW LABORATORY CERT#: \_\_\_\_\_

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LABORATORY NAME \_\_\_\_\_ NC WW/GW LABORATORY CERT#: \_\_\_\_\_

**Section B:** Laboratory Supervisor Information **NOTE:** An attached resume may be substituted for this section.

Laboratory Supervisor/Operator's Certificate Number: \_\_\_\_\_ Grade/Type of Certificate(s): \_\_\_\_\_

\*\* If not a Certified Operator, please provide Education level and/or Laboratory experience below.

\*\* Education: List the College(s), University (ies), or Technical Institute(s) attended, dates of attendance and degree received.

\_\_\_\_\_  
\_\_\_\_\_

\*\* Experience: List work-related experience, indicating the employer, years of employment, and basic job description. **Also, list pertinent licenses, Operator Certification and grade, etc.**

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

<b>Section C:</b>	Commercial Client Contact Information	<b>(Complete this section only if charging a fee for analytical services)</b>
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Facility Name	PERMIT #	Type/Grade of Plant
Facility Street Address	City/State	Zip
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***THIS SECTION MAY BE COPIED AS NECESSARY. PLEASE NUMBER THIS AND ADDITIONAL PHOTOCOPIED PAGES***

**Section D:** Analytical Methods and Equipment

Types of Samples Processed (Check all that apply)

- Wastewater Effluent(Domestic)
- Wastewater Effluent(Industrial)
- Groundwater
- Surface Water
- Public Water Supply
- Storm Water
- Reclaimed Water
- Pretreatment
- Other (please specify) \_\_\_\_\_

Parameter methods for which Certification may be requested are listed below. **This list is not all inclusive but represents the parameter methods most often requested. Submit a request for additional parameter methods by writing the reference and method number in the "Other" column next to the appropriate parameter.**

**Method Selection:** Please circle each method for which you are requesting Certification and specify the lower reporting limit for Chlorine. If the method does not appear, you may write it in the "Other" column. Be sure to include the complete method reference.

Inorganic Analytical Parameters	Technology	EPA Methods	Standard Methods	EPA SW-846	Other (Include Reference and Method No.)	
Chlorine, Free Available	Amperometric Titration		4500-CI D-2011			
	DPD-FAS		4500-CI F-2011			
	Spectrophotometric, DPD		4500-CI G-2011			
Chlorine, Total Residual	Iodometric Titration		4500-CI B-2011			
	Back Titration (either end-point)		4500-CI C-2011		Hach 10025 ULR	
	Amperometric Titration		4500-CI D-2011		Hach 10026 ULR	
	Low-Level Amperometric Titration		4500-CI E-2011			
	DPD Colorimetric			4500-CI G-2011		Hach 10014 ULR
						Hach 8167 HR
	DPD-FAS			4500-CI F-2011		Hach 10070 HR
Electrode					Orion Electrode, 1977	

Inorganic Analytical Parameters	Technology	EPA Methods	Standard Methods	EPA SW-846	Other (Include Reference and Method No.)
Conductivity at 25°C	Wheatstone Bridge	120.1, Rev. 1982	2510 B-2021	9050 A	
Dissolved Oxygen (DO)	Winkler		4500 O C-2021		
	Electrode		4500 O G-2021		ASTM D888-18 (B)
	Luminescence Based Sensor				ASTM D888-18 (C)
			SM 4500 O H-2021		Hach 10360
pH	Electrode		4500 H <sup>+</sup> B-2021	9040 C	USGS I-1586-85
				9045 D	
	Automated Electrode	150.2 (1982)			
Residue, Settleable	Volumetric		2540 F-2020		
Salinity	Electrical Conductivity		2520 B-2021		
Sulfite	Titrimetric		4500 SO <sub>3</sub> <sup>2-</sup> B-2021		
Temperature	Thermometric		2550 B-2010		USGS Method 1975
Turbidity	Nephelometric	180.1, Rev. 2.0, 1993	2130 B-2020		Mitchell M2571, Rev. 1.0 (2008)
					Mitchell M2571, Rev. 1.0 (2008) (continuous)
VAR Option 5: Aerobic Processes at Greater than 40 °C	Thermometric				EPA/600/R-22/194
VAR Option 6: Addition of Alkali	Electrode				EPA/600/R-22/194
VAR Option 12: Raising the pH of Domestic Septage	Electrode				EPA/600/R-22/194

**Equipment:** Please list equipment available to perform the selected analyses:

Analytical Parameter	Equipment	Office Use

**Section E:** Authorized Signature

This statement certifies that the information in this application is truthful and accurate, and that the applicant is aware of all regulations regarding the requirements of NC WW/GW Laboratory Certification, 15A NCAC 2H .0800.

**Signature of Laboratory Supervisor:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_  
 (First) (M.I.) (Last)