



OEPA Office Use Only	
Application ID: _____	Type: _____
Received: _____	Approved: _____
Revenue ID: _____	Fee Applied: _____

Chemical 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 that the personnel to be approved will analyze applicable performance samples, provided by the personnel 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 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 person responsible for the Laboratory: _____
First *Middle Initial* *Last*

Fill in the date the certification expires: _____

Test	Test Method(s) in Use									
Alkalinity	SM 2320 B									
Chloride	SM 4500 Cl ⁻ -B	SM 4500 Cl ⁻ -D	SM 4500 Cl ⁻ -E	EPA 300.0	EPA 300.1	EPA 325.2				
Chlorine	SM 4500 Cl-D	SM 4500 Cl-F	SM 4500 Cl-G							
ClO ₂ : Chlorine dioxide	SM 4500 ClO ₂ -C	SM 4500 ClO ₂ -D	SM 4500 ClO ₂ -E							
Cyanide	SM 4500 CN-C	SM 4500 CN-E	SM 4500 CN-F	SM 4500 CN-G	EPA 335.4					
Fluoride	SM 4110 B	SM 4500 F ⁻ -C	EPA 300.0	EPA 300.1						
Hardness	SM 2340 C	EPA 130.2								
Nitrate	SM 4110 B	SM 4500 NO ₃ -D	SM 4500 NO ₃ -E	SM 4500 NO ₃ -F	EPA 300.0	EPA 300.1	EPA 353.2			
Nitrite	SM 4110 B	SM 4500 NO ₂ -B	SM 4500 NO ₃ -E	SM 4500 NO ₃ -F	EPA 300.0	EPA 300.1	EPA 353.2			
Ortho - P	SM 4500 P-B	EPA 300.0	EPA 300.1							
pH	SM 4500 H ⁺	EPA 150.1	EPA 150.2							
Phosphorous	SM 4110 B	SM 4500 P-B and D	SM 4500 P-B and E	SM 4500 P-B and F	EPA 300.0	EPA 300.1	EPA 365.1			
Stability	SM 2330	Langelier's Index								
Sulfate	SM 4110 B	SM 4500 SO ₄ -C	SM 4500 SO ₄ -D	SM 4500 SO ₄ -E	SM 4500 SO ₄ -F	EPA 300.0	EPA 300.1	EPA 375.2		
TDS	SM 2540 C									
TOC/DOC	SM 5310 B	SM 5310 C	SM 5310 D	EPA 415.3						
Turbidity	SM 2130 B	EPA 180.1								
UV 254	SM 5910 B	EPA 415.3								
Other										

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 Applicant: _____ Date: _____

Title of Applicant: _____

Send completed applications to: Jennifer.Tom@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.
 Unless previously paid, submission of the three year survey fee payment is required within 30 days after the application has been determined to be complete.