

Analyst Information: Select NEW if an analyst has not been previously certified at this laboratory or if adding a new test method(s). Identify the test method(s) to be included in the survey for each analyst. The abbreviated test method(s) are listed on the table below.

Analyst Name and Number	NEW	EPA 502.2	EPA 524.2	EPA 524.3	EPA 524.4	EPA 551.1	EPA 552.1	EPA 552.2	EPA 552.3	SM 6251 B

Method Number	Contaminant ¹
EPA 502.2	THM, VOC, Vinyl Chloride
EPA 524.2	THM, VOC, Vinyl Chloride
EPA 524.3	THM, VOC, Vinyl Chloride
EPA 524.4	THM, VOC, Vinyl Chloride
EPA 551.1	THM, VOC
EPA 552.1	HAA5
EPA 552.2	HAA5
EPA 552.3	HAA5
SM 6251 B	HAA5

¹ Reference OAC 3745-81-27 (B)(4) for a complete list of approved methods and associated contaminants.

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.