

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Water Supply Program
1800 Washington Blvd., Suite 450
Baltimore, Maryland 21230-1708

APPLICATION FOR WATER QUALITY LABORATORY CERTIFICATION

Please answer all questions, and submit responses with any other pertinent information.

APPLICATION FOR INITIAL CERTIFICATION

1. Name of Laboratory: _____

2. Street Address: _____

List mailing address if different from above: _____

3. Telephone number: _____ FAX number: _____

4. Has this laboratory previously held MD Lab USEPA
Maryland certification? Yes No ID #: _____ ID #: _____ FEIN _____

5. Laboratory Director's Name: _____

6. Person(s) in Charge of Water Quality Analysis, if other than Laboratory Director:

7. QA/QC Officer's Name: _____ Telephone number: _____

8. Is your laboratory (**check one**) Commercial Other
 Public Water Supply Wastewater Plant

9. If your laboratory tests potable water for a public water system, please list system(s) served.

*10. Does this laboratory hold certification in any other state? Yes No
If yes, please list state(s) in which certified: _____

*11. Please complete and return signed copies of enclosed personnel registration form for all technical personnel.
(Should adequately document academic and/or employment history as suitable qualifications for the position).
Out-of-State labs should submit this form for supervisory technical and administrative personnel only.

12. Please complete and return signed copies of enclosed personnel registration form for all technical personnel.
(Should adequately document academic and/or employment history as suitable qualifications for the position).

13. Name and address of owner of the Laboratory _____ Corporate subsidiary? _____

14. Do you have documentation on file of an Initial Demonstration of Capability and a Method Detection Limit Study for all
analyte methods? Yes No

15. Number of water quality samples anticipated for complete or partial analysis in immediate calendar year. _____

* Indicates that attachments should be submitted with application.

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PHYSICAL LAYOUT

Please use a separate sheet for each type of laboratory.

15. a. **Preparation room or area**

Check whether:

CHEMICAL **BACTERIOLOGICAL** **RADIOLOGICAL**

1. Size of room in square feet.

2. Linear feet of bench space.

3. Number of personnel assigned to the laboratory area(s).

4. Temperature Controlled.

Yes No

5. Exhaust hoods or safety cabinets certified as meeting safety requirements.

Yes No

b. **Laboratory or analytical area**

Check whether:

CHEMICAL **BACTERIOLOGICAL** **RADIOLOGICAL**

1. Size of room in square feet.

2. Linear feet of bench space.

3. Number of personnel assigned to the laboratory area(s).

4. Temperature Controlled.

Yes No

5. Exhaust hoods or safety cabinets certified as meeting safety requirements.

Yes No

6. Attach an equipment list for instruments in use.

*

16. Does the laboratory conform with local parameters or restrictions for the following?

	Yes	No
Zoning	<input type="checkbox"/>	<input type="checkbox"/>
Structural Integrity	<input type="checkbox"/>	<input type="checkbox"/>
Fire Prevention	<input type="checkbox"/>	<input type="checkbox"/>
Waste Disposal	<input type="checkbox"/>	<input type="checkbox"/>
Sanitation	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>

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QUALITY ASSURANCE

- * 17. Please submit a copy of the most recently-issued certificate and/or the list of certified tests issued by your home state, and documentation as to expiration date, analysts involved, etc.
- * 18. Submit a copy of the last on-site survey performed by certification officers in your home state, including your corrective action response.
- * 19. If applicable, submit a copy of the last on-site survey performed by the U.S. Environmental Protection Agency, including your corrective action response.
- * 20. Submit a copy of the latest QA plan (to include SOPs, QC checks, precision/accuracy data, sample handling procedures, data reporting, method detection limit studies and record-keeping where appropriate).
- * 21. List any changes or modifications made to your reference procedures in the last year.
- * 22. If you are requesting certification for microbiology, and/or chemistry, and/or radiochemistry, please submit copies of all performance evaluation results for the last 12 months.
- * 23. List any changes in equipment, instrumentation or facilities; include service contracts or maintenance protocols for major lab equipment.
- 24. Please send a check for \$ 400.00 for the certification fee to the address on the last page of the application.
- 25. Please provide a contact person's name and email address for your laboratory:

Attestation

I certify that the information provided in this application is true and complete and accurately describes the physical operation, staffing, methodology and quality assurance implemented in this laboratory according to the terms of its certification in the state in which it is located. I understand that any intentional misrepresentation of any of the above information, for the purpose of obtaining certification, is a violation of Maryland regulations, which may result in a refusal of the application for certification or suspension or revocation of any existing certification. I further understand that a person who violates any of the laws and regulations governing water quality laboratory certification is guilty of a misdemeanor punishable by a fine or imprisonment or both.

Laboratory Director _____ Signature _____ Date _____

*** Indicates that attachments should be submitted with application.**

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FOR CERTIFICATION CORRESPONDENCE:

Linda Ames
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Water Supply Program
Baltimore, MD 21230-1708
Phone Number: 410-537-3712
(In Maryland) 1-800-633-6101 (ext 3729)
Fax: 410-537-3157
Email: linda.ames@maryland.gov

FOR CERTIFICATION RENEWALS:

Make checks payable to: **Maryland Department of the Environment.**

Include a cover letter containing the following information:

- Name of laboratory requesting certification
- Address of laboratory
- Name of contact
- Phone number of contact
- Maryland Laboratory Certification Number
- Amount of check
- Check number

Mail check and cover letter to:

Maryland Department of the Environment
P.O. Box 2057
Baltimore, MD 21203-2057