



**OEPA Office Use Only**

Application ID: \_\_\_\_\_  
Received: \_\_\_\_\_ Approved: \_\_\_\_\_  
Revenue ID: \_\_\_\_\_ Fee Applied: \_\_\_\_\_

## THM-HAA-VOC 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 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.

Application for (Check any applicable boxes):

Initial     Return (No Charge)     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 primary contact for the Laboratory: \_\_\_\_\_  
*First Middle Initial Last*

Fill in the date the certification expires: \_\_\_\_\_

**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 <sup>1</sup>
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

<sup>1</sup> 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 Primary Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Primary Contact: \_\_\_\_\_

Send completed applications to: [DWLabCert@epa.ohio.gov](mailto:DWLabCert@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. After processing this application an invoice will be generated. Unless previously paid, submission of the three year survey fee payment is required within 30 days after the date on the invoice letter.