



# Microbiological Application for Certification

Serial # (OEPA Use): \_\_\_\_\_

Type: Microbiological

To Conduct Public Drinking Water Analyses  
Compliance Assurance Section, Division of Drinking and Ground Waters  
The Ohio Environmental Protection Agency

The applicant affirms the right of the Ohio Environmental Protection Agency to inspect the laboratory and its operations and pertinent records. The applicant agrees that the personnel to be approved will analyze applicable performance samples provided by the survey personnel at the time of the site visit and will report the values within a time period designated by the survey personnel.

[1] Name of Laboratory: \_\_\_\_\_

[2] Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Laboratory Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ FAX Number: (    ) \_\_\_\_\_

Email: \_\_\_\_\_ County: \_\_\_\_\_ Ohio EPA District: \_\_\_\_\_

[3] Person responsible for the laboratory: \_\_\_\_\_  
*First Middle Initial Last*

**Please attach a map showing directions to your laboratory**

Analysts to be surveyed	Test Parameters	Test Methods
	Total Coliform [ ]; E. coli [ ]; Fecal Coliform [ ]	Membrane Filter [ ]; MMO-MUG [ ]; C-18 [ ]
	Total Coliform [ ]; E. coli [ ]; Fecal Coliform [ ]	Membrane Filter [ ]; MMO-MUG [ ]; C-18 [ ]
	Total Coliform [ ]; E. coli [ ]; Fecal Coliform [ ]	Membrane Filter [ ]; MMO-MUG [ ]; C-18 [ ]
	Total Coliform [ ]; E. coli [ ]; Fecal Coliform [ ]	Membrane Filter [ ]; MMO-MUG [ ]; C-18 [ ]

[4] Fill in the date of approval for laboratory plans: \_\_\_\_\_

[5] Since lab plans were approved: (check one box):

- No modifications were made.
- Ohio EPA approved modifications were made.
- Revised lab plans have been submitted for approval.

[6] Fill in the date of the most recent acceptable 'PT' test results:\_\_\_\_\_

[7] Check the applicable box(es).

Application for:    Initial                Renewal                Add Analyst(s)                Add Test(s)

[8] Fill in the date that certification expires: \_\_\_\_\_

[9] **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. In addition, all PT test results will be based on analyses performed by employees of this laboratory, who are approved or are applying for approval.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Applicant: \_\_\_\_\_ Laboratory Certification #: \_\_\_\_\_

Send completed applications to:   Ohio Environmental Protection Agency  
  Division of Environmental Services  
  Laboratory Certification Section  
  8955 East Main Street  
  Reynoldsburg, OH 43068

**NOTICE**

Incomplete or illegible applications will be returned with no action taken.

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.