



Environmental Protection Agency

Ohio EPA Office Use Only			
Application ID:		Approved:	/ /
Received:	/ /	Fee Applied:	
Revenue ID:			

THM-HAA-VOC Application for Certification

Application for (check applicable boxes):

Initial Renewal Add Analyst(s) Add Method(s)

Name of Laboratory:					
Laboratory Certification Number:					
Mailing Address:					
City:			State:	Zip:	-
Laboratory Address:					
City:			State:	Zip:	-
Phone Number:	() -	Extension:		Fax Number:	() -
Email Address:				County:	
Ohio EPA District:					
Name of Primary Contact for the Laboratory:	First		Middle Initial	Last	
Email Address to Send Invoices:					
Date Laboratory Certification Expires:	/ /				

NOTICE

In order to be processed, the most current version of the application must be used, and it must be complete and legible. The most current version is located on our website at <https://epa.ohio.gov/divisions-and-offices/drinking-and-ground-waters/public-water-systems/laboratory-certification>. After acceptance of this application, an invoice will be generated. Additionally, the lab must have copies of all referenced methods and an acceptable SOP.

Analyst Information:

- List analyst name and analyst number.
- Mark NEW if an analyst is new to this laboratory or is adding methods.
- Identify the method(s) for which each analyst is seeking certification.

The test methods and analytes are listed in the second table. Check the appropriate analytes for which certification is being requested.

Analyst Name	Analyst Number	New	EPA 502.2	EPA 524.2	EPA 524.3	EPA 524.4	EPA 551.1	EPA 552.1 552.2 552.3	SM 6251 B	OTHER
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Specify Other										

Method Number	Analyte ¹
EPA 502.2	<input type="checkbox"/> THM <input type="checkbox"/> VOC <input type="checkbox"/> Vinyl Chloride
EPA 524.2	<input type="checkbox"/> THM <input type="checkbox"/> VOC <input type="checkbox"/> Vinyl Chloride
EPA 524.3	<input type="checkbox"/> THM <input type="checkbox"/> VOC <input type="checkbox"/> Vinyl Chloride
EPA 524.4	<input type="checkbox"/> THM <input type="checkbox"/> VOC <input type="checkbox"/> Vinyl Chloride
EPA 551.1	<input type="checkbox"/> THM <input type="checkbox"/> VOC
EPA 552.1	<input type="checkbox"/> HAA5
EPA 552.2	<input type="checkbox"/> HAA5
EPA 552.3	<input type="checkbox"/> HAA5
SM 6251 B	<input type="checkbox"/> HAA5
OTHER	

¹ Reference OAC Rule 3745-81-27 for approved methods and associated analytes.

OATH

I certify that all of the information included on this application is true, complete and correct to the best of my knowledge and belief and are made in good faith. I affirm the right of the Ohio Environmental Protection Agency to inspect the laboratory, its operations and pertinent records. I agree 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.

Signature of Primary Contact for Laboratory:		Date:	/	/
Title of Primary Contact for Laboratory:				

Send completed applications to:

[DWLabCert@epa.ohio.gov](mailto:DWLAbCert@epa.ohio.gov)