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| FORMS - New mn Logo for Forms with address | Lab certification application  MPCA Lab Certification Program  Environmental Data Quality Unit  *Doc Type: Certification Application* |

## **Instructions:**

|  |  |
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| For renewal and initial applications fill out the following form and submit any revisions to your Quality Assurance Manual (QAM) or Standard Operating Procedures (SOPs) along with this application. If you need further assistance, please refer to the Application Instructions found at the end of this form. It is recommended that initial applicants read the instructions closely to reduce errors and ensure all documents are submitted for certification. If you have questions, contact Jennifer Thoreson by email at [jennifer.thoreson@state.mn.us](mailto:jennifer.thoreson@state.mn.us) or phone number 651-757-2805. | **MPCA Use Only** |
|  |
| *Agency Interest ID* |
|  |
| *Date received (mm/dd/yyyy)* |
|  |
| **Initial**  **Renewal**  **Change request** (change of ownership or add/drop method) |  |

## **Submittal:**

Submit your application electronically as a MS Word document only, and attach it in an email to Jennifer Thoreson at [jennifer.thoreson@state.mn.us](mailto:jennifer.thoreson@state.mn.us). Please address the subject line with the name of your facility name and Lab Application (for example: Saint Peter Lab Application).

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Facility information | | | | | | **Certification year:** | | | |  |
| Facility name (to appear on certificate): | | | |  | | | | | | |
| MPCA lab ID or Permit number: | | |  | | | | EPA lab ID: | |  | |
| Facility owner name: |  | | | | | | Title: | |  | |
| Phone: |  | | | | | | Email: | |  | |
| Laboratory street address: | |  | | | | | | | | |
| City: | |  | | | State: | | |  | Zip code: |  |
| County | |  | | |  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Laboratory mailing address: |  | | | | |
| City: |  | State: |  | Zip code: |  |

## Lab information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Laboratory contact name: |  | | Title:: |  |
| Phone: |  |  | Email: |  |

## Responsible Party **(current or previous owner)**

By typing your name below, you certify the information on this application to be true and correct, to the best of your knowledge, and that you are requesting acceptance to the Minnesota Pollution Control Agency’s Laboratory Certification Program.

|  |  |  |  |
| --- | --- | --- | --- |
| Owner name: |  | Date (mm/dd/yyyy): |  |
| *(This document has been electronically signed.)* | |  | |

## Laboratory certification test procedures

(Note: **Hit tab** to move to the next field for automatic calculations to work on Total category number of test methods.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Test category** | **Analytes in test category** | **Test method** | **Number of test methods** |
| **0. Certification not required** | Specific conductance, micromhos/cm at 25°C (Conductivity) |  |  |
|  |  | If other, specify: |  |
|  | Dissolved oxygen |  |  |
|  |  | If other, specify: |  |
|  | Hydrogen ion (pH) |  |  |
|  |  | If other, specify: |  |
|  | Hydrogen ion (pH) - Solids |  |  |
|  |  | If other, specify: |  |
|  | Total residual chlorine |  |  |
|  |  | If other, specify: |  |
|  | Temperature |  |  |
|  |  | If other, specify: |  |
|  |  | **Total Category 0 number of test methods:** | **0** |
| **1. Oxygen utilization** | Biological oxygen demand (BOD5) |  |  |
|  |  | If other, specify: |  |
|  | Carbonaceous biochemical oxygen demand (CBOD5) |  |  |
|  |  | If other, specify: |  |
|  |  | **Total Category 1 number of test methods:** | **0** |
| **2. Nitrogen** | Ammonia (as N) |  |  |
|  |  | If other, specify: |  |
|  | Ammonia – Solids |  |  |
|  |  | If other, specify: |  |
|  | Kjeldahl Nitrogen-Total, (as N) |  |  |
|  |  | If other, specify: |  |
|  | Kjeldahl Nitrogen-Total, (as N) - Solids |  |  |
|  |  | If other, specify: |  |
|  | Nitrate (as N) |  |  |
|  |  | If other, specify: |  |
|  | Nitrate - Solids |  |  |
|  |  | If other, specify: |  |
|  | Nitrate-nitrite (as N) |  |  |
|  |  | If other, specify: |  |
|  | Nitrite (as N) |  |  |
|  |  | If other, specify: |  |
|  |  | **Total Category 2 number of test methods:** | **0** |

(Note: **Hit tab** to move to the next field for automatic calculations to work on Total category number of test methods.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Test category** | **Analytes in test category** | **Test method** | **Number of test methods** |
| **3. Phosphorous** | Total phosphorous |  |  |
|  |  | If other, specify: |  |
|  | Total phosphorous - Solids |  |  |
|  |  | If other, specify: |  |
|  | Orthophosphate as P |  |  |
|  |  | If other, specify: |  |
|  |  | **Total Category 3 number of test methods:** | **0** |
| **4. Physical** | Residue-Total (total solids) |  |  |
|  |  | If other, specify: |  |
|  | Residue-filterable (total dissolved solids) |  |  |
|  |  | If other, specify: |  |
|  | Residue-Volatile (volatile solids) |  |  |
|  |  | If other, specify: |  |
|  | Residue-non-filterable (total suspended solids) |  |  |
|  |  | If other, specify: |  |
|  | Oil and grease |  |  |
|  |  | If other, specify: |  |
|  | Turbidity |  |  |
|  |  | If other, specify: |  |
|  | Total, Fixed and Volatile solids in Solid and Semisolid samples |  |  |
|  |  | If other, specify: |  |
|  |  | **Total Category 4 number of test methods:** | **0** |
| **5. General I** | Acidity, as CaCO3 |  |  |
|  |  | If other, specify: |  |
|  | Alkalinity, as CaCO3 |  |  |
|  |  | If other, specify: |  |
|  | Color |  |  |
|  |  | If other, specify: |  |
|  | Hardness-total, as CaCO3 |  |  |
|  |  | If other, specify: |  |
|  | Silica-dissolved |  |  |
|  |  | If other, specify: |  |
|  | Sulfite (as SO3) |  |  |
|  |  | If other, specify: |  |
|  | Surfactants |  |  |
|  |  | If other, specify: |  |
|  |  | **Total Category 5 number of test methods:** | **0** |

(Note: **Hit tab** to move to the next field for automatic calculations to work on Total category number of test methods.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Test category** | **Analytes in test category** | **Test method** | **Number of test methods** |
| **6. General II** | Chemical oxygen demand |  |  |
|  |  | If other, specify: |  |
|  | Total phenolic compounds |  |  |
|  |  | If other, specify: |  |
|  | Cyanide-total |  |  |
|  |  | If other, specify: |  |
|  | Cyanide-available |  |  |
|  |  | If other, specify: |  |
|  | Sulfide |  |  |
|  |  | If other, specify: |  |
|  | Sulfate |  |  |
|  |  | If other, specify: |  |
|  | Chloride |  |  |
|  |  | If other, specify: |  |
|  |  | **Total Category 6 number of test methods:** | **0** |
| **7. General III** | Total organic carbon |  |  |
|  |  | If other, specify: |  |
|  |  | **Total Category 7 number of test methods:** | **0** |
| **8. Metals** | Aluminum Antimony Arsenic Barium Beryllium Boron Cadmium Calcium Total Chromium Cobalt Copper Iron Lead Magnesium Manganese, Molybdenum Nickel Potassium Selenium Silver Sodium Strontium Thallium Tin  Vanadium Zinc Titanium |  |  |
|  |  | If other, specify: |  |
|  | –Metals - SolidsAluminum Antimony Arsenic Barium Beryllium Boron Cadmium Calcium Total Chromium Cobalt Copper Iron Lead Magnesium Manganese, Molybdenum Nickel Potassium Selenium Silver Sodium Strontium Thallium Tin Vanadium Zinc |  |  |
|  |  | If other, specify: |  |
|  | Hexavalent chromium |  |  |
|  |  | If other, specify: |  |
|  | Mercury |  |  |
|  |  | If other, specify: |  |
|  | Mercury - Solids |  |  |
|  |  | If other, specify: |  |
|  |  | **Total Category 8 number of test methods:** | **0** |

(Note: **Hit tab** to move to the next field for automatic calculations to work on Total category number of test methods.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Test category** | **Analytes in test category** | | **Test method** | **Number of test methods** |
| **9. Microbiology** | E.*coli*, number per 100 mL |  | |  |
|  |  | If other, specify: | |  |
|  | Coliform (fecal) number per 100 mL or number per gram dry weight |  | |  |
|  |  | If other, specify: | |  |
|  | Coliform (fecal) number per 100 mL or number per gram dry weight - Solids |  | |  |
|  |  | If other, specify: | |  |
|  | Coliform (total), number per 100 mL |  | |  |
|  |  | If other, specify: | |  |
|  |  | **Total Category 9 number of test methods:** | | **0** |
| **10. Organics; Purgeable by Gas Chromatography or Gas Chromatography/ Mass Spectrometry** | Volatile organic compounds |  | |  |
|  |  | If other, specify: | |  |
|  |  | **Total Category 10 number of test methods:** | | **0** |
| **11. Organics; Semivolatile by Gas Chromatography/Mass Spectrometry** | Phenolic Compounds (acid-extractables) and base/neutral extractable compounds (excluding pesticides) |  | |  |
|  |  | If other, specify: | |  |
|  |  | **Total Category 11 number of test methods:** | | **0** |
| **12. Organics; Organochlorine Compounds** | Polychlorinated biphenyls |  | |  |
|  |  | If other, specify: | |  |
|  | Polychlorinated biphenyls - solids |  | |  |
|  |  | If other, specify: | |  |
|  | Organochlorine pesticides |  | |  |
|  |  | If other, specify: | |  |
|  |  | **Total Category 12 number of test methods:** | | **0** |
|  | (Need to manually add from categories above) **Total number of test methods:** | | |  |

## Fee calculator

**Invoice year:**

(Note: **Hit tab** to move to the next field for automatic calculations to work on Total fee due.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Part 1. Application type** | **Fee** |  | **Selection** (mark with fee) |
| Initial | $1644 |  |  |
| Renewal | $1096 |  |  |
| Change request |  |  |  |
| Transfer of ownership | $900 |  |  |
|  |  | **Part 1. subtotal** | **$ 0** |
| **Part 2. Test category** |  |  |  |
| 0. Certification not required | $0 |  |  |
| 1. Oxygen utilization | $274 |  |  |
| 2. Nitrogen | $274 |  |  |
| 3. Phosphorous | $274 |  |  |
| 4. Physical | $274 |  |  |
| 5. General I | $274 |  |  |
| 6. General II | $548 |  |  |
| 7. General III | $1096 |  |  |
| 8. Metals | $1096 |  |  |
| 9. Microbiology | $274 |  |  |
| 10. Organics; Purgeable by gas chromatography or gas chromatography/mass spectrometry | $1096 |  |  |
| 11. Organics; Semivolatile by gas chromatography/mass spectrometry | $1096 |  |  |
| 12. Organics; Organochlorine compounds | $1096 |  |  |
|  |  | **Part 2. Subtotal** | **$ 0** |
| **Part 3. Total amount due** |  |  |  |
|  |  | **Part 1. Subtotal** | **$ 0** |
|  |  | **Part 2. Subtotal** | **$ 0** |
|  |  | **Total fee due** | **$ 0** |

Application instructions

To complete your laboratory certification application, start by opening a copy of the application. We strongly suggest that you save a copy of the application to the computer before completing it, and save changes frequently while you are working. Be sure to save the document in a place where you can find it later.

**Certification year**

Enter the certification year that is being applied for. (For example: Labs applying in November 2021 for the 2022 certification year would indicate 2022 in the field.)

**Responsible Party section**

The form must be signed by the owner of your facility or laboratory.

**Laboratory certification test procedures section**

If your method is not listed on the form, please be sure that your method is compliant with U.S. Environmental Protection Agency   
40 CFR 136.3 and/or 503.8 lists of approved test procedures. If you have approval for a method not listed, please specify this in the “Other” field.

If you are uncertain of the year of approval for the method you are using from *Standard Methods*, please refer to the Introduction page of the method in *Standard Methods* to find the year of approval by the Standard Methods Committee.

New test methods can also be added to your certification at any point in the certification cycle.

**Fee calculator section**

If your laboratory has never had Minnesota Pollution Control Agency (MPCA) certification, or if MPCA certification has lapsed, select “initial” for the application type.

To complete the “Test category” section, refer to the Laboratory Certification Test Procedures section of the form. Select the box that corresponds to each test category for which your lab does testing. There is only one fee for each test category, regardless of the number of test methods that are performed.

The form will calculate your estimated total amount due. **No fee is due at this time.** Invoices will be sent out at the end of the year in the early part of the next certification year.

For applications received during the renewal period of November, indicate the year to invoice the lab fee. For example, labs submitting an application in 2021 for the 2022 certification year needing an invoice dated in the current year include 2021 in the field. Include 2022 in the field for labs needing an invoice dated the following year.

**Supporting documentation**

If you are renewing your certification, and have revisions to your QAM or SOPs, please attach them to your application. Please also attach performance test results if you have not already submitted them.

If you are applying for initial certification or certification for new test methods, please submit the following for each method:

* Standard operating procedure for the method
* Quality assurance manual
* Method detection limit study, if applicable
* Initial demonstration of capability, if applicable
* Passing results from a blind performance test

**Submitting your application**

After completing the application, save the completed form to your computer.

Submit your application electronically as a MS Word document only (Save your file named: application year followed with lab name Lab Application. Example: 2022 Saint Peter Lab Renewal Application) by attachment in an email to Jennifer Thoreson at [jennifer.thoreson@state.mn.us](mailto:jennifer.thoreson@state.mn.us). Please address the subject line with the name of your facility name and Lab Application. For example: 2017 St. Peter Lab Application.

Renewal applications (including forms and Quality Assurance/Quality Control documents) are due by **November 30.**

Initial applications may be submitted at any time.