

**INSTRUCTIONS:** This amendment application is only one part of the certification process; completing and submitting an amendment form does not constitute official changes to your certification. Upon review of the completed amendment request, additional clarifications and documentation may be required. Information received in a timely manner will expedite the amendment application process. Please complete all applicable parts of this form using a typewriter, computer, or print legibly in ink.

**To apply for an amendment to your current laboratory certification, return a single electronic copy of this form to your assigned auditor. OR, a single hard copy may be mailed to:**

**NC WW/GW Laboratory Certification  
DEQ/DWR WSS Section  
1623 Mail Service Center  
Raleigh, NC 27699-1623**

For additional information, contact the NC Wastewater/Groundwater Laboratory Certification program office:

Telephone: 919-733-3908

Fax: 919-733-6241

Program Homepage: <https://deq.nc.gov/about/divisions/water-resources/water-resources-data/water-sciences-home-page/laboratory-certification-branch>

Field Laboratories: An administrative fee of \$50.00 will be assessed for each additional Parameter Method.

Non-Field Laboratories: A fee of \$85.00 will be assessed for each additional Parameter Method. A fee of \$200.00 will be assessed for recertification of each Parameter Method.

**Do not submit payment until you receive an invoice.**

**Section A: Facility and Contact Information**

Facility Name: \_\_\_\_\_ NC Certification Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #, ext.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Section B: Requested Amendment**

**Complete only applicable areas.**

**Facility information:** If facility information has changed, (i.e., name of facility, supervisor/manager change, phone numbers, email or other contact information) - please indicate below. Complete the information regarding supervisor credentials or operator certification, when applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Laboratory Supervisor/Operator's Certificate Number: \_\_\_\_\_ Grade/Type of Certificate(s): \_\_\_\_\_

Laboratory Supervisor Information.

**NOTE:** An attached resume may be substituted for this section.

(1) Education: List the College(s), University(ies), or Technical Institute(s) attended dates of attendance, and degree received.

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\_\_\_\_\_  
\_\_\_\_\_

(2) Experience: List work-related experience, indicating the employer, years of employment, and basic job description.

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**Change in major equipment:** A certified laboratory must submit a written amendment to the certification application each time that changes occur in major equipment. List equipment changes below.

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**Deleting methods:** If you are requesting to delete any Parameter Method(s) from your Certified Parameters Listing (CPL), please list the analytical method(s) with the associated matrix below. In addition, be sure to complete the *Change in major equipment* section when appropriate.

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**Adding methods:** If you are requesting additional certified Parameter Method(s), please list the information in the table below. All requested information must be supplied. For all organic methods, please attach a typed list of analyte specific lower reporting limits. DO NOT provide us with the laboratory method detection limit, unless the lower reporting limit and method detection limit are the same number. For "method reference", list all appropriate method number(s) and the approved reference(s), such as *SM 4500-CI G-2011, EPA 120.1 (Rev. 1982), Hach 10014 ULR or ASTM D888-09 (B)*.

Analytical Parameter	Method Number(s) and Reference(s)	*Lower Reporting Limit Concentration (include. units)	Matrix (0)- Oil* (A)- Aqueous or (NA)- Non-Aqueous

\* Applicable only POLYCHLORINATED BIPHENYLS (PCBs) by SW-846 Method 8082 A

When **adding methods**, the following must be submitted:

1. Proficiency Testing (PT) - Prior to issuance of certification, this office **must receive acceptable Proficiency Testing Sample Results** from an Accredited PT Sample Provider for each of the requested parameter methods for which certification is requested and for which PT Samples are available (refer to the NC WW/GW LC website for required PT Samples). All PT Samples must have been analyzed within the six months prior to the date of application. For multi-analyte methods (e.g., Volatile Organics), results for all spiked components from the primary list of the target group must be reported. Alternatively, the laboratory may appeal to report an abbreviated list if they can demonstrate that the abbreviated list will be a routine reporting scheme for North Carolina client data reporting.
2. Submit one copy of the laboratory's Standard Operating Procedure(s), which must include the established quality control limits (where appropriate to the method) for all requested Parameter Method(s).
3. **Non-field laboratories only:** Calculated Minimum Detection Limits (MDLs) and Initial Demonstration of Capability (IDOCs) studies for: Analytes by Ion Chromatography, Oil and Grease by EPA 1664 Rev. B, select Organic determinations, Inductively Coupled Plasma (ICP) and ICP-Mass Spec (ICP-MS) metals **MUST** be submitted, if certification is requested, with the completed application. MDL studies must be conducted as specified by 40 CFR Part 136, Appendix B. For other parameters, the laboratory attests by signing this application that it has those MDLs and IDOCs; where required by the methods, on file. MDL and IDOC study summaries for any analytical category may be requested to evaluate the laboratory's ability to meet the requirements of certification.

**Method recertification:** If you are requesting recertification, a Corrective Action Report (CAR) for each unacceptable PT Sample result and two (2) consecutive acceptable PT Sample Results must be submitted. The PT Sample results must be analyzed within the last six months and submitted directly from the Accredited PT Sample Provider to this office.

List the parameter(s) with method number(s), matrix(s) and the approved reference(s) you wish to recertify after the decertification period has expired.

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**Section C: Authorized Signature**

Signature of Laboratory Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_  
First Name
M.I.
Last Name