KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
DIVISION OF HEALTH AND ENVIRONMENTAL LABORATORY
TOPEKA, KANSAS
APPLICATION FOR ENVIRONMENTAL LABORATORY ACCREDITATION

NELAP-Recognized

LEGAL NAME OF THE LABORATORY_____ _____

IF RENEWAL, CERTIFICATE NUMBER _____ **& EXPIRATION DATE** _____

NAME OF LABORATORY DIRECTOR _____**PHONE #** _____
(Area Code + 7 digit)

NAME OF QUALITY ASSURANCE OFFICER _____**PHONE #** _____
(Area Code + 7 digit)

MAIN OFFICE TELEPHONE NUMBER _____
(Area Code+ 7 digit)

PHYSICAL ADDRESS OF LABORATORY _____

CITY _____ **COUNTY** _____ **STATE** _____ **ZIP** _____
(Zip Code -- 9 digit, required)

MAILING/BILLING ADDRESS _____

CITY _____ **COUNTY** _____ **STATE** _____ **ZIP** _____
(Zip Code -- 9 digit, required)

CONTACT PERSON _____ **PHONE#**_____
(For all correspondence and telephone calls) **FAX #** _____

LABORATORY HOURS _____ **E-MAIL** _____

DIRECTIONS TO LABORATORY: <u>KANSAS LABORATORIES ONLY</u> - Enter the directions to the laboratory from Topeka, KS:

_____

_____

_____

PERSONNEL INFORMATION

A PERSONNEL INFORMATION SHEET IS ENCLOSED AND MUST BE COMPLETED, WHERE APPLICABLE, FOR THE LABORATORY DIRECTOR, QUALITY ASSURANCE OFFICER, AND EACH ANALYST INVOLVED IN THE ANALYSIS OF THOSE PARAMETERS FOR WHICH ACCREDITATION IS BEING REQUESTED.

PARAMETER/METHODS LISTS

A PARAMETER/METHODS LIST IS ENCLOSED FOR EACH PROGRAM AND MUST BE COMPLETED FOR EACH PARAMETER AND METHOD FOR WHICH ACCREDITATION IS REQUESTED.

LABORATORY OWNERSHIP INFORMATION

NAME OF OWNER OF LABORATORY _____
ADDRESS _____
CITY_____ **COUNTY** _____ **STATE** _____ **ZIP** _____

TYPE OF OWNERSHIP

_____ INDIVIDUAL _____ PARTNERSHIP _____ ASSOCIATION
_____ CORPORATION _____ GOVERNMENT

FOR CORPORATIONS, LIST THE NAME AND ADDRESS OF REGISTERED AGENT _____
_____

IF INCORPORATED, IN WHAT STATE _____

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APPLICATION FOR ENVIRONMENTAL LABORATORY ACCREDITATION

OUT-OF-STATE LABORATORIES ONLY
NAME OF PRIMARY ACCREDITING AUTHORITY ACCREDITATION PROVIDED WITH THIS APPLICATION

DRINKING WATER _____ EXP. DATE _____
NON-POTABLE WATER_____ EXP. DATE _____
NON-POTABLE, SOLID & CHEMICAL WASTE_____ EXP. DATE _____

FEDERAL TAX I.D. # _____EPA LAB ID # FOR PROFICIENCY TESTING _____

TYPE OF LABORATORY

___ COMMERCIAL
___ INDUSTRIAL
___ GOVERNMENT

FIRST TIME ACCREDITATION ___
RENEWAL ACCREDITATION ___

APPLICANT

I hereby make application to the Kansas Department of Health and Environment for environmental laboratory accreditation.

I certify that all accredited environmental analysis are done in accordance with K.S.A. 65-1,109a.

I understand and acknowledge the laboratory is required to be continually in compliance with K.S.A. 65-1, 109a, and is subject to the enforcements and penalties provisions of that statute.

I understand the laboratory can be subject to unannounced on-site assessments. A Kansas Department of Health and Environment authorized accreditation officer may make announced or unannounced assessments, to investigate, or examine an accredited laboratory whenever it is considered necessary in accordance with K.A.R. 28-15-35 to determine the laboratory's compliance with K.S.A. 65-1,109a.

I hereby certify I am authorized to sign this application on behalf of the applicant/owner and there are no misrepresentations in my answers to the questions on this application.

I certify the information provided with this application is complete, true and correct, and I understand that providing false information is basis for denial, suspension or revocation of laboratory accreditation.

SIGNATURE OF LABORATORY DIRECTOR
OR AUTHORIZED INDIVIDUAL _____

TITLE OF SIGNER _____

PRINTED NAME OF SIGNER _____ **DATE** _____

SIGNATURE OF QAO _____**DATE** _____

PRINTED NAME OF QAO _____

AUTHORITY FOR COLLECTION OF FEES IS ESTABLISHED BY K.S.A. 65-1, 109a AND K.A.R. 28-15-37.

SUBMIT COMPLETED APPLICATION AND FEES TO:

ENVIRONMENTAL LABORATORY IMPROVEMENT PROGRAM OFFICE
HEALTH AND ENVIRONMENTAL LABORATORIES
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
6810 SE Dwight Street
TOPEKA, KANSAS 66620

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In-State Laboratories: Fee Due

SAFE DRINKING WATER ACT (Drinking Water)

Inorganics		$500		
Metals		$500		
Radiochemistry		$1000		
Organics		$1000		
Total				

CLEAN WATER ACT (Non-Potable Water)

Inorganics		$500		
Metals		$500		
Aquatic Toxicity		$1000		
Radiochemistry		$1000		
Organics		$1000		
Supplemental		$200		
Total				

RESOURCE CONSERVATION RECOVERY ACT (Non-Potable Water, Solids & Chemical Waste)

Inorganics		$500		
Metals		$500		
Radiochemistry		$1000		
Organics		$1000		
Supplemental		$200		
Total				

Microbiology	One scope			$300		
	Two or more scopes			$500		
Multiple Locations				$200		
GRAND TOTAL						

Out-of-State Primary Application*

SDWA		$1750		
CWA		$1750		
CWA Supplemental		$200		
RCRA		$1750		
RCRA Supplemental		$200		
Total				

*The laboratory shall be responsible for all fees and expenses for the assessment of the laboratory that are paid by the laboratory directly to a third-party assessor contracted by the department.

Out-of-State Secondary Application

SDWA		$1250		
CWA		$1250		
CWA Supplemental		$200		
RCRA		$1250		
RCRA Supplemental		$200		
Total				

All fees are non-refundable.