Name of Laboratory_____ E-_____ Date_____

IF IT BECOMES NECESSARY FOR YOUR LABORATORY TO ADD ANY ADDITIONAL PARAMETERS TO YOUR CURRENT CERTIFICATION, YOU MUST MAKE THE REQUEST IN WRITING AND SEND THIS COMPLETED FORM WITH YOUR REQUEST TO OUR OFFICE.

YOU WILL BE BILLED AFTER APPROVAL

METHOD	PARAMETER	DW	WW	S/HZ

Return to:

Environmental Laboratory Improvement Program Office (ELIPO)
Kansas Health & Environmental Laboratories
6810 SE Dwight Street
Topeka, KS 66620

(785)296-1620
elipo@kdheks.gov
http://www.kdheks.gov/lipo/index.html

DW=Drinking Water; WW=Wastewater; S/HZ=Solids/Hazardous Waste