

EFFECTIVE DATE
NOVEMBER 14, 2017

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

179 NAC 20

179 NAC 20 Attachment 1

DEPARTMENT HEALTH AND HUMAN SERVICES
PUBLIC HEALTH ENVIRONMENTAL LABORATORY
3701 South 14th Street
Lincoln, Nebraska 68502
402-471-8407

**APPLICATION FOR CERTIFICATION OF
DRINKING WATER TESTING LABORATORIES
FOR NEBRASKA**

**Please complete all applicable parts of this form using a typewriter or computer or print in ink.
When completed, return to the above address to the attention of the QA Manager.**

Date of Request:		Date Request Received:	
Check all that apply: <input type="checkbox"/> Initial Certification Request <input type="checkbox"/> Re-certification Request <input type="checkbox"/> Certification through Reciprocity Request <input type="checkbox"/> Additional Method/Analyte Certification Request <input type="checkbox"/> Nebraska Coliform Testing Agreement Request			
1. Name of Laboratory or Facility (as it should appear on the Certificate or Agreement):			
2. Description of Laboratory (check one): <input type="checkbox"/> County Health Department <input type="checkbox"/> Utility Laboratory <input type="checkbox"/> University/Academic Department <input type="checkbox"/> Commercial Laboratory <input type="checkbox"/> Other (please describe) _____			
3. Location of Laboratory (physical address):		Street/Route:	
		City:	State: Zip:
4. Mailing Address (if different from above):		Street/PO/Route:	
		City:	State: Zip:
5. Name of Owner		6. Telephone Number:	
7. Name of Laboratory Director:		8. Telephone Number:	
9. Name of QA Manager:		10. Telephone Number:	
11. Hours of Operation:	12. E-mail Address:		13. Fax Number:
14. Certification Number (if already certified):		15. EPA ID (required for PT acceptance):	
16. Primary Accrediting Authority (if requesting reciprocal certification):			
		<input type="checkbox"/> Check here if you can prove you can meet the electronic data submittal requirement.	