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pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: _____

Address: _____

_____

_____

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
				TO			

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer _____

Phone: _____

Date: _____

Signature of Principal Executive Officer or Authorized Agent _____

[1] Submit this form with the first Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes. You do not need to send this form to the Department again UNLESS there has been a change to the lab or method of analysis.

[2] For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.