

**! IMPORTANT !**  
**READ CAREFULLY ALL INSTRUCTIONS**

This application is for environmental laboratories seeking accreditation from the Illinois Environmental Protection Agency's environmental laboratory accreditation program (IL ELAP) for drinking water, wastewater and SW846 analyses. Any questions pertaining to laboratory accreditation should be directed to the IL ELAP personnel listed below.

The IL ELAP will accredit laboratories for organic and inorganic analytes as set forth in the enclosed rules, Part 186: ACCREDITATION OF LABORATORIES FOR DRINKING WATER, WASTEWATER AND HAZARDOUS WASTE ANALYSES. The IL ELAP will assess laboratory accreditation fees as set forth in the enclosed rules, Part 185: ENVIRONMENTAL LABORATORIES CERTIFICATION FEE RULES.

The Illinois Department of Public Health (IDPH) will accredit laboratories for drinking water microbiological parameters. Applications for IDPH (217/782-6562) laboratory accreditation can be obtained by contacting the applicable State agency.

It is critical that all laboratories keep up-to-date on State and Federal regulations (proposed, interim, final). To obtain Illinois State Register notices, contact the Illinois Secretary of State at 217/782/7017. To obtain Federal Register notices, contact the Government Printing Office at 202/512-2303 or FAX your request to 202/512-2164.

**Complete the enclosed application and invoice**

**Important Notice**

The IL ELAP is requesting disclosure of information that is necessary to fulfill the requirements of the Environmental Protection Act 415 ILCS 5/1 (1996) and 35 Illinois Administrative Code, Subtitle A, Chapter II, Part 186. Failure to provide this information will prevent a laboratory's application from being processed and will result in the application for laboratory accreditation being denied or revoked. This application was designed to assist the laboratory in determining its compliance with the Part 186 rules. However, the documentation/information required to be submitted with this application is not inclusive of all requirements of Part 186.

Unless indicated to the contrary in the attached cover letter, all information requested in this application must be submitted by the laboratory. All questions in this application must be answered, as applicable. When completing the application, the laboratory must either type or print in black ink. Pages may be photocopied in order for the laboratory to supply all required information.

The laboratory may submit the completed application and supporting documentation electronically (e-mail or diskette(s)). It is the laboratory's responsibility to ensure that the IL ELAP receives its application and supporting documents. The application and supporting documents must be saved as Word 97 or earlier version. The laboratory may request and electronic copy of this application and supporting documents on diskette(s) by contacting the IL ELAP.

The completed invoice with signature and accreditation fees must be sent by certified mail or traceable courier to IL ELAP.

IL ELAP staff may be contacted as follows:

Scott Siders: [scott.siders@illinois.gov](mailto:scott.siders@illinois.gov) (217) 785-5163

Janet Cruse: [janet.cruse@illinois.gov](mailto:janet.cruse@illinois.gov) (217) 785-0601

John South: [john.south@illinois.gov](mailto:john.south@illinois.gov) (217) 558-7142

State of Illinois  
Environmental Protection Agency  
Application for Environmental Laboratory Accreditation

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**1. Laboratory Name:**

Enter the laboratory's legal or official name.

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**2. Laboratory Mailing Address:**

Enter the laboratory's legal or official name. The laboratory must enter a street address. Please place an asterisk (\*) by the address (P.O. Box or Street address) to which correspondence is to be sent.

Street:

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City:

State:

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P.O. Box:

Zip Code:

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**3. Laboratory Billing Address:**

Enter the billing address of the office (if different than the mailing address).

Street:

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City:

State:

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P.O. Box:

Zip Code:

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**4. Laboratory Location:**

Enter the full address of the laboratory (if different than the mailing address). The laboratory must enter a street address.

Street:

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City:

State:

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P.O. Box:

Zip Code:

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**5. Description of Geographical Location:**

Enter the directions to the laboratory.

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**6. Laboratory Telephone and Fax Number:**

Enter the laboratory's business telephone number and, if available, the telefax machine number.

Telephone: (        )        -        Fax (If Applicable): (        )        -       

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**7. Laboratory Owner:**

Enter the name of the owner of the laboratory.

Name

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**8. Address of Owner:**

Enter the full address of the laboratory owner.

Street:

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City:

State:

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P.O. Box:

Zip Code:

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**9. Laboratory Contact Person for Accreditation Program:**

Enter the name of the individual at the laboratory who will receive correspondence or field any questions concerning the laboratory's accreditation.

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Ext: \_\_\_\_\_

E-Mail Address (If Applicable): \_\_\_\_\_

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**10 Laboratory Hours of Operation:**

Enter the hours in which the laboratory operates.

\_\_\_\_\_ a.m. To \_\_\_\_\_ p.m. Time Zone: \_\_\_\_\_

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**11. Type of Laboratory:**

Check the box (only one) beside the description which best represents the type of laboratory.

- Commercial       Public Water Supply       Industrial  
 Government       Other (Specify) \_\_\_\_\_
- 

**12. Fields(s) of Testing:**

Check all the boxes that indicate what field(s) of testing the laboratory is seeking accreditation.

- |                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|
| Drinking Water Analyses            | Wastewater Analyses                | SW846 Analyses                     |
| <input type="checkbox"/> Organic   | <input type="checkbox"/> Organic   | <input type="checkbox"/> Organic   |
| <input type="checkbox"/> Inorganic | <input type="checkbox"/> Inorganic | <input type="checkbox"/> Inorganic |
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**13. Laboratory Director:**

Enter the name of the lead laboratory director and any technical directors (if applicable). Attach additional sheets as necessary for each designated as a technical director(s).

Name: \_\_\_\_\_

Telephone with Extension: \_\_\_\_\_

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**14. Laboratory Quality Assurance Officer(s):**

Enter the name(s) of the individual(s) designated to be the laboratory's quality assurance officer(s). Answer the questions for each designated quality assurance officer.

Name: \_\_\_\_\_

Telephone with Extension: \_\_\_\_\_

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**15. Scope of Accreditation:**

The laboratory must declare its scope of accreditation by designating all applicable matrices, analytes and approved test methods. As applicable, attachments 2, 3, 4, 5, 6, 7 have been completed and submitted. Please refer to Section 186.180 for more information regarding method references.

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**16. Quality Assurance Plan (QAP):**

QAP requirements are detailed in the NELAC Standards. If anything has changed in the QAP since previous submittal, the laboratory must submit its updated QAP. (NOTE: Submittal of the QAP is not required for those laboratories requesting/maintaining Secondary Accreditation with Illinois.)

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**17. Primary Accrediting Authority:** if other than Illinois EPA. \_\_\_\_\_

If primary Accrediting Authority is not the Illinois EPA, submit Current Certificate and Scope of Accreditation.

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**18. Statement of Validation:**

The application must be signed and dated by the laboratory director to attest to the validity of the application information. 186.125(d)(5)

The applicant understands and acknowledges that the laboratory is required to be continually in compliance with the Part 186 rules, ACCREDITATION OF LABORATORIES FOR DRINKING WATER, WASTEWATER AND HAZARDOUS WASTE ANALYSES (adoped date January 14, 1998) and Part 185, ENVIRONMENT LABORATORIES CERTIFICATION FEE RULES (effective date September 23, 1996.)

Additionally, the applicant authorizes the Illinois EPA assessor(s) to;

- a) make copies of any analyses or records relevant to the accreditation process, and
- b) remove any or all such copies from the laboratory for purposes of assessment or compliance with the Part 186 rules. Any refusal to allow entry to the Illinois EPA representatives during normal business hours or to allow copies of records relevant to laboratory accreditation to be made shall constitute a violation of a condition of accreditation and grounds for denial or revocation of accreditation. The applicant hereby certifies that all accredited environmental analyses performed are done in accordance with the Part 186 rules. In accordance with these Parts, I submit this completed application to the State of Illinois Environmental Protection Agency. I attest that all information is true, accurate and complete to the best of my knowledge.

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Laboratory Director Name (print or type)

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Quality Assurance Officer Name (print or type)

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Laboratory Director Signature and Date

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Quality Assurance Signature and Date

**NOTE:** Please verify that the following materials are included with the completed application package

*Assessments (Fees) included with the signed Invoice  
Attachments 2 - 7  
Quality Assurance Plan*

**Send by e-mail to any of the following:**

Scott Siders: [scott.siders@illinois.gov](mailto:scott.siders@illinois.gov) (217) 785-5163  
Janet Cruse: [janet.cruse@illinois.gov](mailto:janet.cruse@illinois.gov) (217) 785-0601  
John South: [john.south@illinois.gov](mailto:john.south@illinois.gov) (217) 558-7142

or

**Send by certified mail or a traceable courier to:**

Illinois Environmental Protection Agency  
Division of Laboratories #4  
1021 North Grand Avenue East, P.O. Box 19276  
Springfield, Illinois 62794-9276

**Attn: Environmental Laboratory Accreditation Program**