

Invoice: IL Environmental Laboratory Accreditation Program

Laboratory Accreditation No.: IL EPA will assign.
 Anniversary Date of Initial Accreditation: IL EPA will assign.
 Laboratory Name:

Billing Date:
 Billing Number: IL EPA will assign.
 Payment Due

Please direct any questions or concerns to the IL Environmental Laboratory Accreditation Program (217) 782-6455.

	Yes	No		Yes	No
Initial Application Assessment	<input type="checkbox"/>	<input type="checkbox"/>	Administrative Assessment:	<input type="checkbox"/>	<input type="checkbox"/>
Drinking Water, Inorganics:	<input type="checkbox"/>	<input type="checkbox"/>	Drinking Water, Organics:	<input type="checkbox"/>	<input type="checkbox"/>
Wastewater, Inorganics:	<input type="checkbox"/>	<input type="checkbox"/>	Wastewater, Organics:	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Wastes, Inorganics:	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Wastes, Organics:	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the accreditation assessment amount is _____. The amount of assessment is based upon the following schedule:

	Initial Application Assessment	\$1,500
	Administrative Assessment:	\$2,400
Field-of Testing -	Drinking Water Inorganics:	\$1,000
Field-of Testing -	Drinking Water Organics:	\$1,000
Field-of Testing -	Wastewater Inorganics:	\$1,000
Field-of Testing -	Wastewater Organics:	\$1,000
Field-of Testing -	Hazardous Waste (SW846) Inorganics:	\$1,000
Field-of Testing -	Hazardous Wastes (SW846) Organics:	\$1,000

I have read the Part 186 rules, ACCREDITATION OF LABORATORIES FOR DRINKING WATER, WASTEWATER AND HAZARDOUS WASTE ANALYSES (effective March 4, 1998) and Part 185, ENVIRONMENT LABORATORIES CERTIFICATION FEE RULES (adopted September 23, 1996). 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.

Signature of Laboratory Director _____ Date _____

Make your check or money order payable to "The Illinois Environmental Protection Agency". All payments will be deposited in the Environmental Laboratory Certification Fund and used exclusively for the Illinois Environmental Laboratory Accreditation program. Please sign, date, and return the original invoice by certified mail or other traceable courier to the Illinois Environmental protection Agency. Please make a copy for your records.

Mail signed original invoice with payment to:

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

Agency Use Only

Log #
 Date and Time
 Amount