



Cryptosporidium Laboratory Registration Form Application (LT2SWTR)

For Drinking Water Program (Water Supply) Approval and Registration

Background Information:

EPA has discontinued oversight of laboratory accreditation for *Cryptosporidium* analysis under the Long Term 2 Enhanced Surface Water Treatment Rule (LT2ESWTR). Effective with Round 2 of the LT2ESWTR, oversight and approval for laboratory accreditation for *Cryptosporidium* have been transferred to the states. For more details of the EPA transition see <http://water.epa.gov/lawsregs/rulesregs/sdwa/lt2/upload/epa815F13001.pdf>. In Massachusetts, in accordance with 310 CMR 22.20G(6), Massachusetts Department of Environmental Protection (MassDEP) Drinking Water Program (DWP) will be responsible for approving and registering Laboratories for *Cryptosporidium* analysis. Please note MassDEP/DWP will only approve and register laboratories which have received third-party accreditation for the analysis of *Cryptosporidium*. If you are a laboratory seeking approval to conduct *Cryptosporidium* analysis for public water systems in Massachusetts, you must complete and submit this application to MassDEP/DWP for review and possible approval. Please submit applications to Program.director-dwp@state.ma.us, Subject: *Cryptosporidium* laboratory approval, or by mail to MassDEP/ Drinking Water Program, 1 Winter Street, Boston, MA 02108, Attn: *Cryptosporidium* laboratory approval. If you have any questions, please contact Mr. Frank Niles at 617-574-6871.

A. Applicant Information

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Applicant:

| | | | | |
|------------|-------------|-----------|----------------------|-----------------|
| Name _____ | | | Address _____ | |
| City _____ | State _____ | Zip _____ | Contact person _____ | Telephone _____ |

2. Location of Laboratory:

| | | | | |
|------------|-------------|-----------|----------------------|-----------------|
| Name _____ | | | Address _____ | |
| City _____ | State _____ | Zip _____ | Contact person _____ | Telephone _____ |

3. Certification Information:

| | |
|---|--|
| <u>Cryptosporidium</u> Name of Analyte _____ | MA Certification # (if applicable) _____ |
|---|--|

4. Third Party Organization Information:

| | | | | |
|------------|-------------|-----------|----------------------|-----------------|
| Name _____ | | | Address _____ | |
| City _____ | State _____ | Zip _____ | Contact person _____ | Telephone _____ |

5. Date of Scope of Accreditation Issued (please attach letter):

_____ Date (mm/dd/yyyy)

6. Date of Annual Accreditation Review:

_____ Date (mm/dd/yyyy)

7. Date of Last Laboratory Audit:

_____ Date (mm/dd/yyyy)

8. Expected Date of Next Laboratory Audit:

_____ Date (mm/dd/yyyy)



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program

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B. Certification

"I certify, under penalty of law, that this application and all attachments were prepared under my supervision, in accordance with a system designed to ensure that qualified personnel properly gathered and evaluated 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 submitted in this application, the information submitted is, to the best of my knowledge and belief, true, accurate and complete."

Authorized Signature

Date

Print Name

Position/Title