|  | Massachusetts Department of Environmental Protection  Bureau of Resource Protection – Drinking Water Program  Cryptosporidium Laboratory Registration Form Application (LT2SWTR)  For Drinking Water Program (Water Supply) Approval and Registration | | | | | | |
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|  | 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 <https://www.epa.gov/sites/default/files/2015-09/documents/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](mailto:Program.director-dwp@state.ma.us), Subject: *Cryptosporidium* laboratory approval, or by mail toMassDEP/ 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. | | | | | | | |
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|  | 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: | | | | | | | |
|  | *Cryptosporidium*  Name of Analyte | | | MA Certification # (if applicable) | | | US EPA Laboratory Code # | |
|  | 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) | | |
|  | 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.” | | | | | | | |
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|  | Authorized Signature | | | | Date | | | |
|  | Print Name | | | | Position/Title | | | |