



## Application for a Distillation Variance

→ Please read *Applying for a Distillation Variance* before attempting to complete this form. See page 2 for form instructions. For questions or assistance in completing this form, please contact the Laboratory Accreditation Program at [eplabaccredit@state.pa.us](mailto:eplabaccredit@state.pa.us) or (717) 346-7200.

### A: Applicant Information:

1	Full Name and Address of Organization	2	Physical Address of Organization (if different):
3	Phone Number	4	Lab ID Number or Facility Registration Number

### B: Type of Request:

1	Type of Application: <input type="checkbox"/> Initial <input type="checkbox"/> Renewal  For Renewal Applications, specify the date of previously issued variance: _____	2	Renewal Applications Only:  Sampling Quarter: <input type="checkbox"/> January 1 – March 31 <input type="checkbox"/> April 1 – June 30 <input type="checkbox"/> July 1 – September <input type="checkbox"/> October 1 – December 31		
3	Requested Analyte:	4	Discharge Limit:	5	Permit No.:
6	Methods Used for Routine Analysis:  Prep Method:  Determinative Method:	7	Method Requested:  If requested method differs from the method listed in Item 6, see instructions.		
8	Discharge Point Identification Number or Location:				
9	Subcontracted Laboratory Information (if a subcontracted laboratory performed the comparability study):  Lab ID #: _____ Phone: _____ Name: _____ Contact: _____ Address: _____				

### C: Certification

1	Signature of Requestor:  _____	2	Name of Requestor:	3	Date:
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## Instructions

### Part A: Applicant Information

1	The name and mailing address of the facility requesting the distillation variance. The name and mailing address must match the information submitted on the facility's Environmental Laboratory Registration Application or valid Certificate and Scope of Accreditation issued by the Pennsylvania Department of Environmental Protection ("Department").
2	The physical address of the facility requesting the variance, if different from the mailing address.
3	The phone number (direct dial or main number with extension indicated) for the person listed in Part C, Items 1 & 2.
4	The Laboratory ID Number or the facility's Registration Number issued by the Department.

### Part B: Type of Request

1	Check the box that applies to the type of application submitted. If the facility has <b>never</b> been previously issued a distillation variance from the Department, the request is an Initial Application. If the facility has been previously issued a distillation variance from the Department, the request is a Renewal Application. For Renewal Applications, indicate the date the most recent variance was issued.
2	Item 2 is for Renewal Applications Only. For Renewal Applications, check the quarter in which the samples were collected for use in the comparability study. See <i>Applying for a Distillation Variance</i> , Sections 6.4 – 6.5.
3	The analyte for which the distillation variance is requested (i.e., ammonia, fluoride).
4	The regulatory limit for the requested analyte, as specified in the facility's NPDES or Water Quality Management Permit.
5	The permit number printed on the facility's NPDES or Water Quality Management Permit.
6	The analytical methods used to analyze routine samples for the requested analyte. Include the method numbers for both the preparatory method and the determinative method.
7	The analytical method for which the distillation variance is submitted. The requested method must be the same as that used in the facility's comparability study. The requested method must also be the same as that used for routine sample analysis, unless the facility intends to use the requested method for routine analysis upon approval of the distillation variance. See <i>Applying for a Distillation Variance</i> , Section 3.3.1.
8	Identification of the waste stream for which the distillation variance is requested. Please include the identification of the discharge point or describe its location. See <i>Applying for a Distillation Variance</i> , Section 2.1.
9	If a subcontracted laboratory was used to perform the comparability study, provide the subcontracted laboratory's ID number issued by the Department, the name, address, phone number, and contact person.

### Part C: Certification

1	The signature of the person submitting this form. Questions regarding the information submitted on this form will be referred to the person listed here.
2	The printed name of the person signing this form from Item 1 above.
3	The date the form was completed and submitted to the Department for approval.

**Remember to attach the final sample results from the comparability study!**