

Nebraska Department of Health and Human Services
ATTESTATION OF COMPLIANCE

I, _____ of _____
 (Laboratory Director or Quality Assurance Manager) (Laboratory Name)

Understand and acknowledge that the laboratory is required to be continually in compliance with all of the provisions and standards set forth in the State of Nebraska Title 179 Chapter 20 Laboratory Certification Requirements for Testing Drinking Water Regulations, which has been determined to be equivalent to or more stringent than requirements for the Environmental Protection Agency for Drinking Water Testing. I also understand that the laboratory will be subject to suspension, revocation, and denial of accreditation as specified therein and that the laboratory is subject to the enforcement and penalty provision as stated in the current Nebraska statutes and/or regulations and of any secondary accrediting authorities from whom I have obtained accreditation.

I further attest that all certified environmental analyses performed are done in accordance with the provisions and standards set forth in the State of Nebraska Title 179 Chapter 20 Laboratory Certification Requirements for Testing Drinking Water Regulations, which has been determined to be equivalent to or more stringent than the standards of the Environmental Protection Agency for Drinking Water Testing.

I hereby certify that I am authorized to sign this application on behalf of the owner and that there are no misrepresentations in my answers to the questions on this application. The information, statements, facts, and representations given and made are true and correct, and I am aware that any misrepresentations or falsifications constitute grounds for the imposition of penalties by law.

Signature of Quality Assurance Manager	Printed Name of Quality Assurance Manager
Printed Legal Name of Laboratory	Current Date
Signature of Laboratory Director(s)	Printed Name of Laboratory Director(s)