Mail Code 401-02B
Division of Water Quality
Bureau of Nonpoint Pollution Control
401 E. State St., P.O. Box 420
Trenton, NJ 08625-0420
(609) 633-7021
www.state.nj.us/dep/dwq/

Reset Form

Dental Facilities Onsite Wastewater Treatment Systems NJ0168416 (K2)

SUPPLEMENTAL APPLICATION FORM

NEW JERSEY DENTAL AMALGAM PROGRAM

Refer to instructions on page 2 and provide all applicable information. Please print clearly.

A. General Information

1. NAME OF DENTIST*:	**2.** LICENSE NO.:	
3. NAME OF DENTAL FACILITY:		
4. FACILITY LOCATION (STREET ADDRESS):		
CITY:	COUNTY:	
STATE:	ZIP:	
5. MAILING ADDRESS (IF DIFFERENT) :		
CITY:	STATE:	ZIP:
6. PHONE NUMBER OF CONTACT:		
7. E-MAIL ADDRESS:	**8.** CHECK IF YOU PREFER E-MAIL CONTACT: ☐	

*Name of the dentist in charge of the practice.

B. Other Dentists That Practice at This Facility
(attach additional sheets if necessary)

NAME OF DENTIST	LICENSE NO.

Dental Facilities Onsite Wastewater Treatment Systems NJ0168416 (K2)

SUPPLEMENTAL APPLICATION FORM INSTRUCTIONS

This form shall be completed and submitted with any Request for Authorization (RFA) submitted for authorization to discharge under the Dental Facilities Onsite Wastewater Treatment Systems General Permit No. NJ0168416 (K2).

A. General Information

1. Provide the name of the dentist in charge of the practice.
2. Provide the license number of the dentist in charge of the practice.
3. Provide the name of the dental facility.
4. Provide the location of the dental faciliyy including the street address, city, county, state and zip code.
5. Provide the mailing address of the dental facility if the mailing address of the dental facility is different than the location of the facility (street address).
6. Provide of phone number of the contact for the facility.
7. Provide an e-mail address of the contact for the facility.
8. Place a checkmark in the box if you would prefer e-mail contact to phone, fax or mailings contact.

B. Provide the names and license numbers of any other dentists that practice at this facility . You may attach additional sheets if necessary.