

New Jersey Department of Health
 Consumer, Environmental and Occupational Health Service
 P. O. Box 369
 Trenton, NJ 08625-0369
 609-826-4935

**RENEWAL APPLICATION FOR CERTIFICATION
 TO SELL BOTTLED WATER OR BULK WATER**

FOR THE PERIOD ENDING: June 30,

BOTTLER BULK WATER FACILITY

FOR STATE USE ONLY
Check/Money Order No.:
Check/MO Date:
Amount:
Logger Initials:

Certificate Number:

Mailing Address:

Location Address:

FEE	
Renewal Filing Fee:	\$650.00
Number of Sources:	_____
The fee is based on each source of supply.	
No. of Sources @ \$650 =	_____
Total Remitted:	\$ _____

In accordance with the provisions of N.J.A.C. 8:21-5.15, the undersigned hereby applies for a certification renewal to distribute and offer for sale in New Jersey, bottled or bulk water. Provide all information and mail the original application and your check with the appropriate fee to the above address. Type or print clearly with a ballpoint pen, sign and date the application.

CORRECTIONS: IF NAME OR ADDRESS IS INCORRECT, MAKE NECESSARY CORRECTIONS BELOW.

_____	<input type="checkbox"/> Change in Trade Name
_____	<input type="checkbox"/> Change in Location
_____	<input type="checkbox"/> Change in Mailing Address
_____	<input type="checkbox"/> Change in Ownership

Phone Number

 Phone Number Change

DISCONTINUANCE OF OPERATIONS INFORMATION	
Date Operations Discontinued	Name of Purchaser
Date Sold	Address of Purchaser

WATER SOURCE INFORMATION			
(Source Type Codes: 1-Well 2-Spring 3-Public Community Water System 4-Other)			
Name of Source	Source Type	Owner of Source	Location Address

Name of Inspecting Agency (for out-of-state bottlers)	Date of Last Inspection
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**RENEWAL APPLICATION FOR CERTIFICATION TO SELL BOTTLED OR BULK WATER
(Continued)**

DIRECT WATER INFLUENCE ON GROUND WATER SOURCES								
Name of Source	Is Ground Water Source Under Direct Influence?		Evaluated for Direct Influence		MPA* Analysis		Other Approved Method	
	Yes	No	Yes	No	Yes	No		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Please provide all the supporting data on MPA testing (*Microscopic Particulate Analysis - EPA 910/9-92-029) or other acceptable methodology for these determinations OR submit a letter from the approving source agency that a surface water influence determination has been conducted and the results.*

BOTTLED WATER PRODUCT INFORMATION

Bottled Water Types:

<input type="checkbox"/> Bottled Water	<input type="checkbox"/> Artesian Well Water	<input type="checkbox"/> Deionized Drinking Water
<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Purified Water	<input type="checkbox"/> Reverse Osmosis Drinking Water
<input type="checkbox"/> Sterilized Water	<input type="checkbox"/> Distilled Water	<input type="checkbox"/> Well Water
<input type="checkbox"/> Spring Water	<input type="checkbox"/> Sparking Bottled Water	<input type="checkbox"/> Ground Water
<input type="checkbox"/> Artesian Water	<input type="checkbox"/> Mineral Water	<input type="checkbox"/> Other: _____

List the Names and Addresses of all New Jersey Certified Water Testing Laboratories used, including their N.J. Lab Certification No.:

Attach Additional Sheets, if Necessary

List the Brands, Trade Names, and Private Labels Distributed in New Jersey (submit product labels):

Attach Additional Sheets, if Necessary

List the Names and Addresses of Companies in New Jersey Used to Distribute Product:

Attach Additional Sheets, if Necessary

BOTTLED WATER TREATMENT INFORMATION

Bottled Water Treatments:

<input type="checkbox"/> UV Irradiation	<input type="checkbox"/> Distillation	<input type="checkbox"/> Filtration (filter size): _____	<input type="checkbox"/> Reverse Osmosis
<input type="checkbox"/> Ozonation	<input type="checkbox"/> Deionization	<input type="checkbox"/> Sub-Micron Filtration: _____	<input type="checkbox"/> GAC Filtration

Provide a complete description of the water treatment processes used and attach additional sheets as necessary. Submit water analysis for both source water and finished product for microbiological, inorganic, volatile, semi-volatile, synthetic organic, secondary standards, radiological and total trihalomethane results. Source water testing of community water supplies is not required. See the Bottled Water Quality Standards included for the application for specific testing parameters.

CERTIFICATION

I hereby certify that I will distribute and offer for sale only bottled water and/or bulk-water that conforms with the rules and regulations of the State of New Jersey as specified in N.J.A.C. 8:21-5, Subchapter 5.

Name of Applicant	Title	
Signature		Date