

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

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

**BOTTLER**                       **BULK WATER FACILITY**

**In accordance with the provisions of N.J.A.C. 8:21-5.15, the undersigned hereby applies for a certification 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 and sign and date the application. Retain a copy for your records. Make Check or Money Order payable to the "NEW JERSEY DEPARTMENT OF HEALTH."*

FOR STATE USE ONLY	
Check/MO No.:	_____
Date of Check/MO:	_____
Amount of Check/MO: \$	_____

Certificate Number:	_____
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FEE	
INITIAL FILING FEE:	\$ <u>1,000.00</u>
NUMBER OF SOURCES:	_____
The fee is based on each source of supply.	
No. of Sources @ \$1000 =	_____
Total Remitted:	\$ _____

ESTABLISHMENT INFORMATION			
Name of Bottling Company (Legal)		Trade Name	
Location Address		City/Country	Zip/Postal Code
Mailing Address (If Different)			
Name of Responsible Person		Title	
Telephone Number	Fax Number	Federal ID Number	
WATER SOURCE INFORMATION			
(Source Type Codes: 1-Well 2-Spring 3-Public Community Water System 4-Other)			
Name of Source	Source Type Code	Owner of Source	Location Address
Name of Inspecting Agency (for out-of-state bottlers)			Date of Last Inspection

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(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"/>	
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	<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 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 Treatment:**

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