

FORM F-5: BULK OR BOTTLED WATER ESTABLISHMENT APPLICATION INSTRUCTIONS

SUBMIT YOUR APPLICATION VIA EMAIL

All applications must be completed electronically and submitted via **email**. If you made an online payment, do not mail your application. Scanned documents or photographs are not accepted.

1. When you have finished completing all electronic fields of the application, **SAVE** the file on your computer.
2. Create a new email addressed to bottled.water@doh.nj.gov.
3. **Attach** the completed electronic application file that you just saved.
4. Open the attachment to confirm your form is saved with all form fields completed.
5. In the subject line of the email, type "**Bottled Water Application**" and the name of the applicant company.
6. In the body of the email, provide direct contact information in case there is an issue with your application.
7. Send the email. You should receive an automatic message to confirm receipt of your email.
8. Please allow 6 weeks for processing. Expedited service is not available.

Issued certificates are sent electronically to the email address you provide in the application. The emailed certificate may be printed for use and posting.

COMPLETING THE APPLICATION

The application must be completed electronically on a computer, laptop, or tablet. Enter all information into the electronic form fields provided. Handwritten applications are not accepted.

CHECKBOXES

- Choose **Bottler or Bulk Water Facility** according to the type of permit you are applying for.
- Check all that apply:
 - New Applicant – You are applying for a new certification number
 - Ownership Change – There has been a change in controlling ownership
 - Add/Change Source – There has been a change in utilized water sources
 - Renewal Applicant – You are renewing an existing certification
 - Relocation – The address of a certified processing facility has changed
 - Deactivate Certification – Discontinue a New Jersey certification

ESTABLISHMENT INFORMATION

- Name of Applicant Business** – The exact name of the establishment as it will appear on the permit.
- DBA (as it will appear on the permit)** – A name, other than the legal business name, used to conduct business. This field is not required.
- Full Address of applicant bulk or bottled water processing facility** – The physical location where bottled water activities take place daily. Enter an exact address.
- USA Mailing Address** – The address used to receive postal mail within the United States or its territories. Mail sent from this office cannot be delivered internationally.
- Federal Employer ID** – FEIN associated with the applicant business. You may alternatively attach a W-9.
- NJ Certification # (if not new)** – The certification number issued to a bulk and bottled water establishment. This number does not change. On your license certificate, your certification number is located on the left side under the State seal. If you do not have a certification number, leave this field blank.

SECTION: OUT-OF-STATE FACILITIES

- Name of Inspection Agency** – If the applicant business is located outside New Jersey, indicate the name of the regulatory agency that inspected the bulk or bottled water processing facility. Out-of-State bottlers shall submit a letter of certification from the appropriate regulatory agency having jurisdiction over the operation verifying that the source supply and the facility has been inspected and is approved and ground water supplies have been evaluated for surface water influences under criteria equivalent to those established under N.J.A.C. 8:21-5.3(b).
- Date of most recent inspection** – Indicate the date of the last inspection the processing facility received, regardless of the evaluation result.

SECTION: OWNERSHIP INFORMATION

- Business Type** – Check the option that applies: Sole Ownership, Partnership, Corporation, Limited Liability Company, Trust, or Government Agency.
- Name of Owner** – The individual or business entity that holds controlling interest in the Applicant Business.
- % Owned** – Percentage of ownership held by the Owner.
- Federal Employer ID** – If the named owner is a business entity, the IRS-issued FEIN belonging to the Owner. If the Owner is an individual person, leave this field blank.
- Name of Authorized Agent** – Any individual who can speak on behalf of the Owner.
- Phone Number** – Direct contact phone number for all ownership inquiries by the Department.

SECTION: DESIGNATED REPRESENTATIVE

- Full Legal Name of Designated Representative, Title** – Name of the primary contact person who is physically present and is responsible for quality assurance at the Applicant bulk or bottled water processing facility address. This individual is knowledgeable about all operations at the processing facility during business hours. If the facility is located in New Jersey, this person shall serve as primary contact for inspections.
- Direct Contact Email Address, Direct Contact Phone Number** – Direct, year-round telephone and email address for all correspondence with the Designated Representative.

SECTION: FACILITY OPERATIONS

- Facility Operation** – Check the appropriate box for the operation conducted at the applicant facility.
- Water Sources** – Indicate the total number of water sources utilized by the applicant facility.
- Interstate Commerce** – Check the option that applies to any bottled water product shipped or received across state lines into or out of any state.
- Product Types Produced** – Check all bottled water product types being produced at the processing facility. Do not combine checkboxes for a single product. Attach a separate sheet as needed to clarify each separate product type. For each product type indicated, a matching Analysis Report Summary form F-50 is required.
 - **Artesian Water** – Water from a well tapping a confined aquifer in which the water level stands at some height above the top of the aquifer.
 - **Deionized Water** – Purified water that has been processed by deionization.
 - **Distilled Water** – Purified water that has been processed by distillation.
 - **Ground Water** – Water from a subsurface saturated zone that is under a pressure equal to or greater than atmospheric pressure. It must not be under the direct influence of surface water.
 - **Mineral Water** – Water containing not less than 250 parts per million (ppm) total dissolved solids (TDS), coming from a source tapped at one of more bore holes or springs, originating from a geologically and physically protected underground water source. Does not include added minerals.
 - **Purified Water** – Water that has been produced by distillation, deionization, reverse, or other suitable processes. If selected, choose from the four types of purified water.
 - **Other Purified Water** – Enter any bottled water product, as defined by FDA per 21 CFR 165.110, that combines two or more product types, such as purified water with added minerals or sparkling mineral water, or that uses a different treatment process. Attach a separate list as needed. Explicitly identify and name each separate finished product. Each sample with different mineral levels shall be

listed as a separate product type. A separate Analysis Report Summary form F-50 is required for each listed product type.

- Reverse Osmosis – Purified water that has been processed by reverse osmosis.
 - Sparkling Water – Water that, after treatment and possible replacement of carbon dioxide, contains the same amount of carbon dioxide from the source that it had at emergence from the source.
 - Spring Water – Water derived from an underground formation from which water flows natural to the surface of the earth.
 - Sterilized Water – Water that meets the requirements under “Sterility Tests” in the United States Pharmacopeia.
 - Well Water – Water from a hole bored, drilled, or otherwise constructed in the ground which taps the water of an aquifer.
- Treatment Processes** – Check the method(s) used to treat water product. If the treatment method is not listed, specify it in the Treatment Process Description section.
- Production Rates** – Indicate the annual as well as maximum monthly total production of water in gallons.

SECTION: TREATMENT PROCESS DESCRIPTION

- Provide a detailed description of each treatment process indicated under Product Types Produced. If the space available is not enough, attach an additional page as needed.

SECTION: CONVEYANCE OF BULK WATER

- Briefly describe the method of conveyance of bulk water, including the type of vehicle(s) used. (Only applicants who checked *Bulk Water Facility* under Facility Operation)

SECTION: BOTTLED WATER BRANDS

- List all brand names and container sizes produced by the applicant bottled water establishment. For each brand, include the applicable product type as listed under *Product Types Produced*. Attach an additional page as needed. (Only applicants who checked *Bottler* under Facility Operation)

SECTION: NEW JERSEY DISTRIBUTION AND WHOLESALE WAREHOUSES

- List the name and address of each wholesale distribution company with a warehouse located in New Jersey that is responsible for the distribution and storage of bulk or bottled water. Do not include retail stores. Attach an additional page as needed.

SECTION: REQUIRED ATTACHMENTS FOR ALL INITIAL AND RENEWAL APPLICATIONS

- Prior to submission, verify that each attachment is in English or accompanied by an English translation.
- Form F-51: Registration of Bottled Water Source shall be submitted for each water source.
- For each product type, attach form F-50: Analysis Report Summary and an actual copy of each analysis report.
- All bottler applicants shall submit a complete product label for each bottled water brand and container size.

SECTION: APPLICATION FEE

- Payment Confirmation Details** – The confirmation number is included in the automated email received after making an online payment.
- Payment options include online processing of checks and all credit card types.
- Online Payment is preferred and will ensure your application is processed promptly and accurately.**
- If you must pay by paper check or money order, please add the check number to the ‘Payment Confirmation Number’ box on the application and indicate in your email submission that a check will be sent separately. Checks may be made out to ‘NJ Department of Health’. Submit the check with a printed copy of your application to the following address: NJ Department of Health, Public Health & Food Protection, PO Box 369, Trenton, NJ 08625. Courier packages (UPS/FedEx) must be addressed: NJ Department of Health, Public Health & Food Protection, 135 E. State Street, Trenton, NJ 08625

SECTION: AFFIDAVIT

- Certify based on the N.J.A.C. 8:21-5, Subchapter 5 regulations.
- To be signed by owner/operator/designated representative of the business. Third-party licensing contractors may not sign on behalf of the applicant.

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