



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/

Dental Facilities Onsite Wastewater Treatment Systems NJ0168416 (K2) **K2 CERTIFICATION FORM**

NEW JERSEY DENTAL AMALGAM PROGRAM

This form shall be used to satisfy the certification requirements of the Dental Facilities Onsite Wastewater Treatment Systems General Permit NJ0168416 (K2). Refer to instructions on page 3 and provide all applicable information. Please print clearly.

A. General Information

1. NAME OF FACILITY: (as it appears on the permit authorization page)	
2. NJPDES AUTHORIZATION No.: NJG	3. PI ID No.:
4. NAME OF PERMITEE:	5. NAME OF CO-PERMITTEE(S) (if applicable): (attach additional sheets if necessary)

B. Permittee Certification(s)

Please check certification(s) as appropriate and provide the corresponding information.

☐ I hereby certify that a written agreement between the permittee and the dentist/dental facility is in place in accordance with the K2 General Permit. (*ONLY APPLICABLE IF THE PERMITTEE IS **NOT** THE DENTIST/DENTAL FACILITY)

☐ I hereby certify that the sewage disposal system was visually inspected in accordance with the K2 General Permit.

Date of Visual Inspection: _____

☐ I hereby certify that applicable septic tanks and/or pump tanks were pumped in accordance with the K2 General Permit.

Copies of the pump out receipts are attached: ☐ YES ☐ NO

C. Permittee Signatory Requirements

I certify under penalty of law that the information provided in Section B. Permittee Certification(s) and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for purposely, knowingly, recklessly, or negligently submitting false information.

NAME OF PERMITEE (please print): _____ TITLE: _____

SIGNATURE OF PERMITEE: _____ DATE: _____

***If more than one (1) dental facility is authorized under the same NJPDES Authorization Number, each dental facility shall complete a separate Page 2.**

D. Dentist/Dental Facility Certification(s)

Please check certification(s) as appropriate and provide the corresponding information.

- ☐ I hereby certify that this facility has implemented the Best Management Practices as specified in the K2 General Permit on or before October 1, 2008.

Amalgam waste has been sent out for recycling during the past twelve (12) months: YES ☐ NO ☐

If yes, name of licensed recycling contractor,
mail-in service or hazardous waste hauler: _____

- ☐ I hereby certify that this facility has installed an Amalgam Separator meeting the ISO 11143 protocol and the specifications of the K2 General Permit on or before October 1, 2009.

Name of Separator Manufacturer: _____

Separator Model No.: _____

- ☐ I hereby certify that the amalgam waste from the amalgam separator was recycled in accordance with the manufacturer's specifications and the K2 General Permit.

A copy of the record of shipment is attached: ☐ YES ☐ NO

E. Dentist/Dental Facility Signatory Requirements

I certify under penalty of law that the information provided in Section D. Dentist/Dental Facility Certification(s) and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for purposely, knowingly, recklessly, or negligently submitting false information.

NAME OF DENTIST (please print): _____ TITLE: _____

SIGNATURE OF DENTIST: _____ DATE: _____

E. Where to Submit

Send the original signed K2 Certification Form to:

**O cklEqf g'401-02B
Division of Water Quality
Bureau of Nonpoint Pollution Control
623'G0Ucvg'U0'P.O. Box 420
Trenton, NJ 08625-0420**

K2 CERTIFICATION FORM INSTRUCTIONS

This form shall be completed and submitted to the Department **no later than October 25th of each year**. Additional information and forms can be obtained by contacting the Bureau of Nonpoint Pollution Control at (609) 633-7021 or at <http://www.nj.gov/dep/dwq/k2.htm>.

A. General Information

1. Provide the name of the facility as it appears on the permit authorization page.
2. Provide the NJPDES Authorization Number as it appears on the permit authorization page. All NJPDES Authorization Numbers for the K2 General Permit will begin with **NJG** and is different from the NJPDES Permit Number NJ0168416 that is assigned to the master general permit. If you can not locate your permit authorization page, you may obtain a copy by contacting the BNPC at (609) 633-7021.
3. Provide the PI ID No. as it appears on the permit authorization page.
4. Provide the name of the permittee as it appears on the permit authorization page.
5. If applicable, provide the name of the co-permittee as it appears on the permit authorization page. You may attach additional sheets if necessary.

B. Permittee Certification(s)

This section should be completed by the permittee or the owner of the sewage disposal system. Check the appropriate box(es) to indicate which certification(s) is being submitted. Multiple boxes may be checked.

- Certification that a written agreement between the permittee & dentist/dental facility is in place is only applicable if the permittee is **not** the dentist/dental facility.
- If submitting certification of the Visual Inspection of the Sewage Disposal System, provide the date in which the visual inspection was performed.
- If submitting certification of the Pump Out of Septic Tanks and/or Pump Tanks, check the appropriate box to indicate whether or not copies of the pump out receipts are attached to this form.

C. Permittee Signatory Requirements

The permittee shall provide their name and signature certifying that the information they provided is true.

***If more than one (1) dental facility is authorized under the same NJPDES Authorization Number, each dental facility shall complete a separate Page 2.**

D. Dentist/Dental Facility Certification(s)

This section should be completed by the dentist/dental facility. Check the appropriate box(es) to indicate which certification(s) is being submitted. Multiple boxes may be checked.

- If submitting certification that this facility has implemented the Best Management Practices, check the appropriate box to indicate whether or not amalgam waste has been sent out for recycling during the last twelve months. If yes, provide the name of the licensed recycling contractor, mail-in service or hazardous waste hauler.
- If submitting certification that this facility has installed an Amalgam Separator, provide the manufacturer's name and model number of the amalgam separator.
- If submitting certification of the Recycling of Amalgam Waste from the Amalgam Separator, check the appropriate box to indicate whether or not a copy of the record of shipment from the recycling of the amalgam waste from the amalgam separator is attached to this form.

E. Dentist/Dental Facility Signatory Requirements

The dentist/dental facility shall provide their name and signature certifying that the information they provided is true.