

DENTAL FACILITY GUIDANCE MANUAL FOR RENEWAL REGISTRATION

This manual is for annual certification for dental facilities that HAVE previously registered.

This manual contains the instructions to complete the registration and certification renewal process for dental facilities that generate amalgam waste. For the users' convenience, actual screen-shots are included in this guidance manual.

Registration and certification must be completed annually for each dental facility that generates amalgam waste through placement or removal of amalgam. To complete this registration process, you will need the following information:

- the make(s) and model number(s) of the installed amalgam separator(s); and
- name(s) of the licensed recycling contractor(s) if amalgam has been sent out for recycling.

Registration renewal will be far easier if you have available:

- your chosen password and user ID and your assigned certification PIN
- the system-generated registration number for each dental facility you wish to register.

August 17, 2009

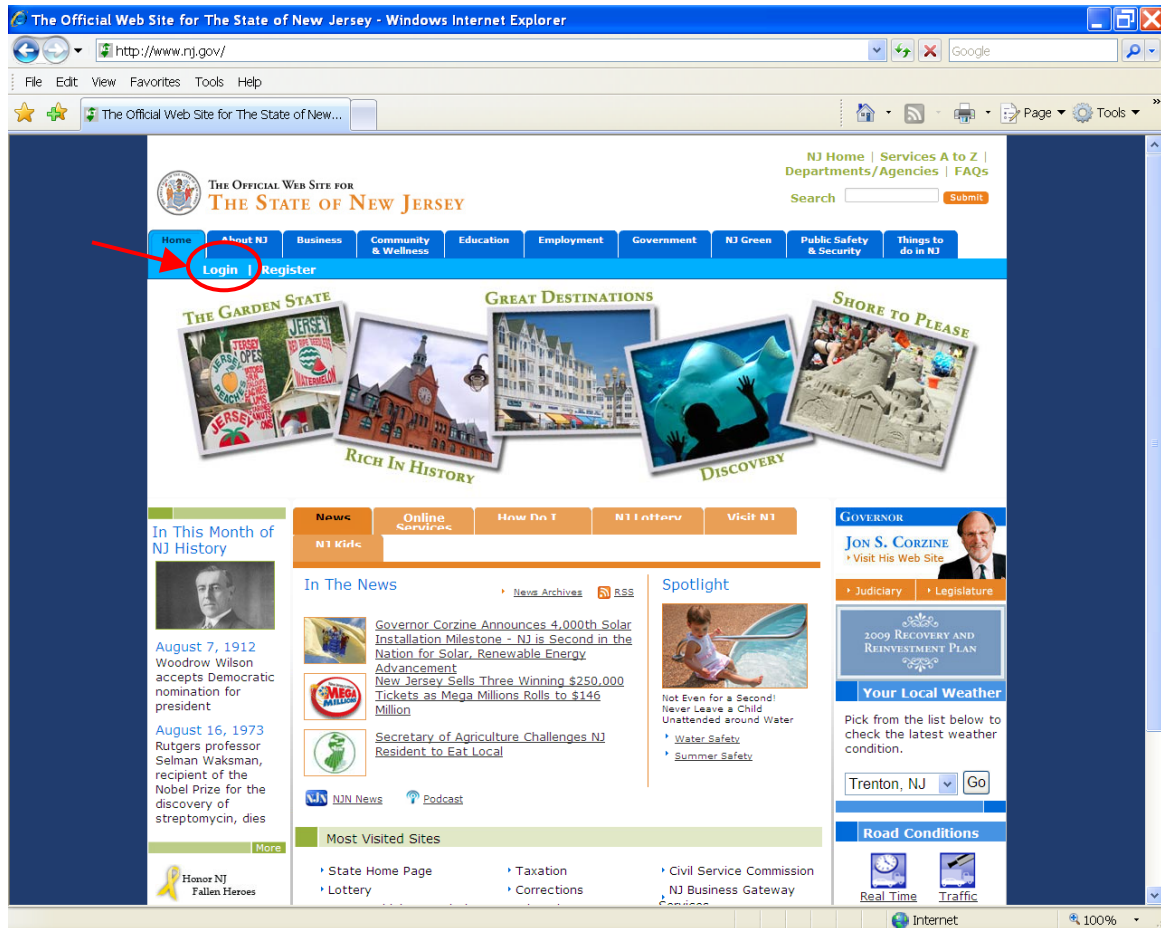
Contact the Bureau of Pretreatment and Residuals at 609-633-3823
if you need additional assistance.

DENTAL FACILITY – REGISTRATION & CERTIFICATION RENEWAL

Login

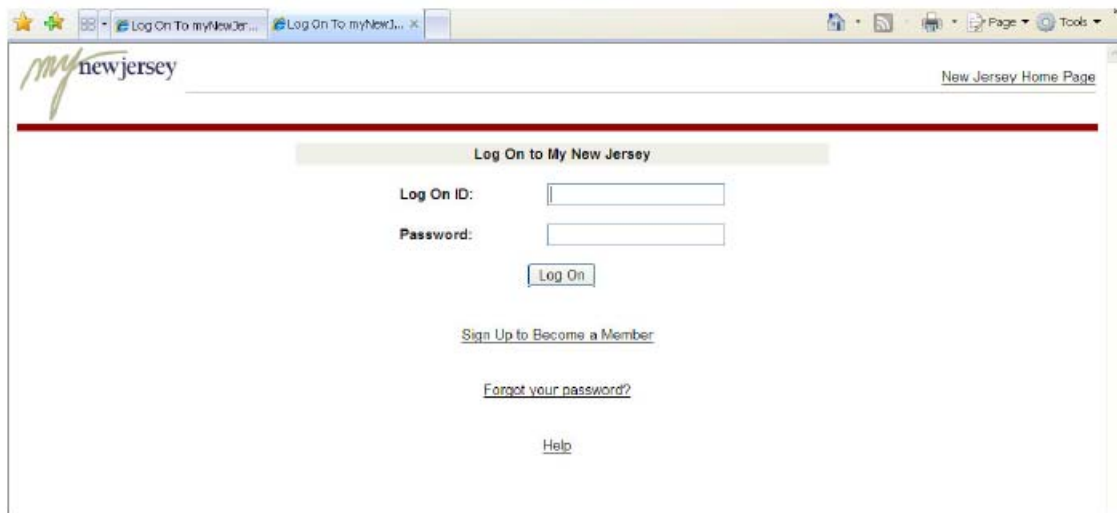
Log on at <http://www.nj.gov> . The main New Jersey web page appears:

Fig. 1



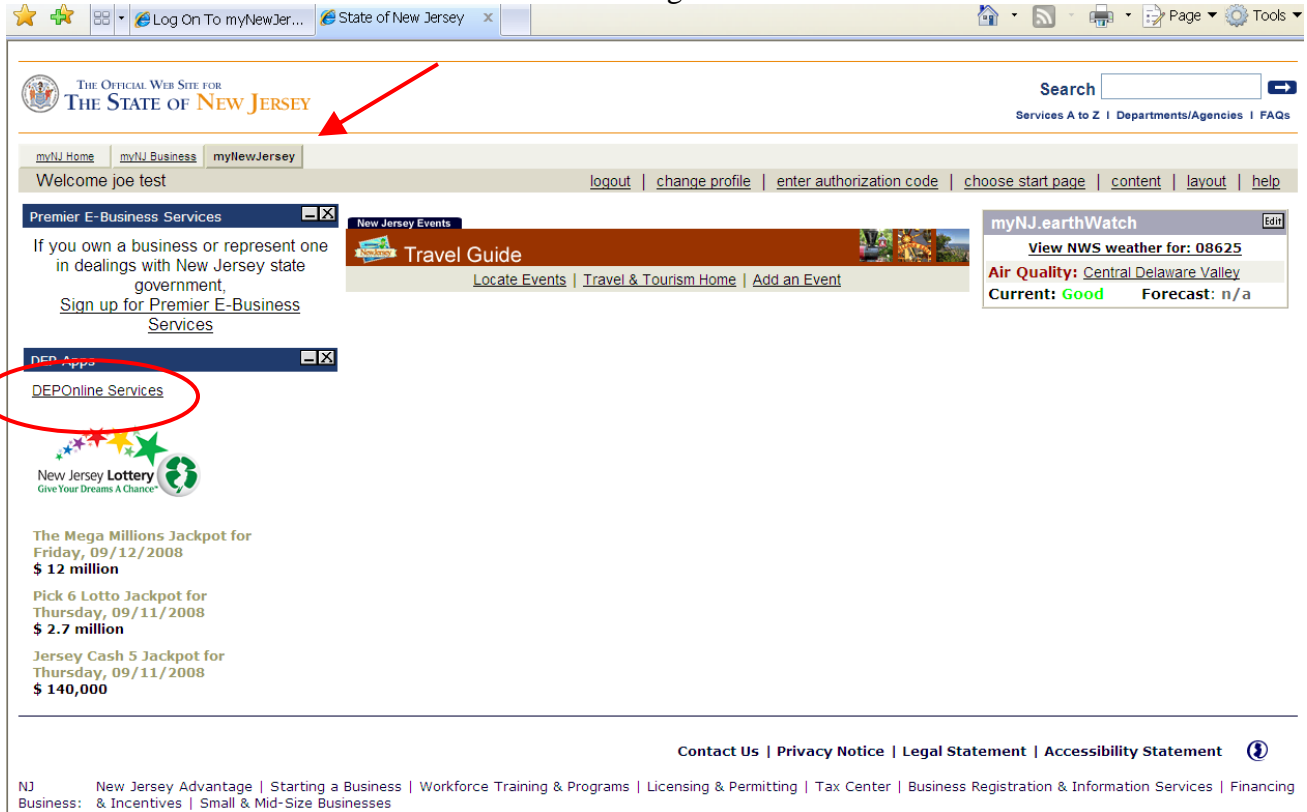
Click on Login.

Fig. 2



Enter your Log On ID and Password and click “Log On”.

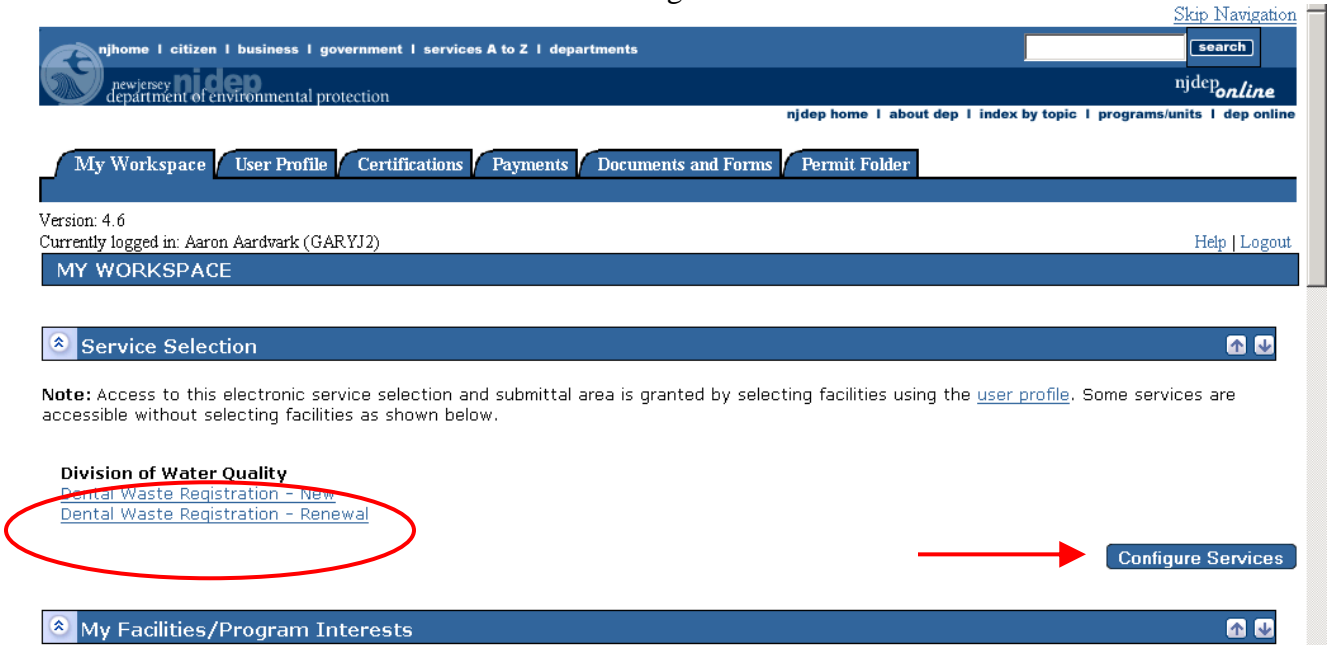
Fig. 3



If necessary, click on the myNewJersey tab. Click the link DEPOne Services.

The following screen appears:

Fig. 4



If the circled link to Dental Waste Registration – Renewal does not appear, click on the Configure Services button, indicated by the arrow. Otherwise, skip to the instructions under Fig. 7

NOTE: Fig. 6 shows the same screen as above, including sections you will only see if you scroll down.

Fig. 5

njhome | citizen | business | government | services A to Z | departments

newjersey njdep department of environmental protection

njdep online

njdep home | about dep | index by topic | programs/units | dep online

My Workspace | User Profile | Certifications | Payments | Documents and Forms | Permit Folder

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MY SERVICES

Please select the Services that you would like to appear on your Workspace and click the OK button.

Services

Division of Water Quality

- Dental Waste Registration - New
- Dental Waste Registration - Renewal
- NJPDES Monitoring Reports (DMRs, WCRs, RTRs)
- Stormwater Construction General Authorization

Air Program

- Periodic Compliance Certification

Enforcement

- Self Audit

Facility Changes

- Update Mailing Address

RSP Training

- RSP Training

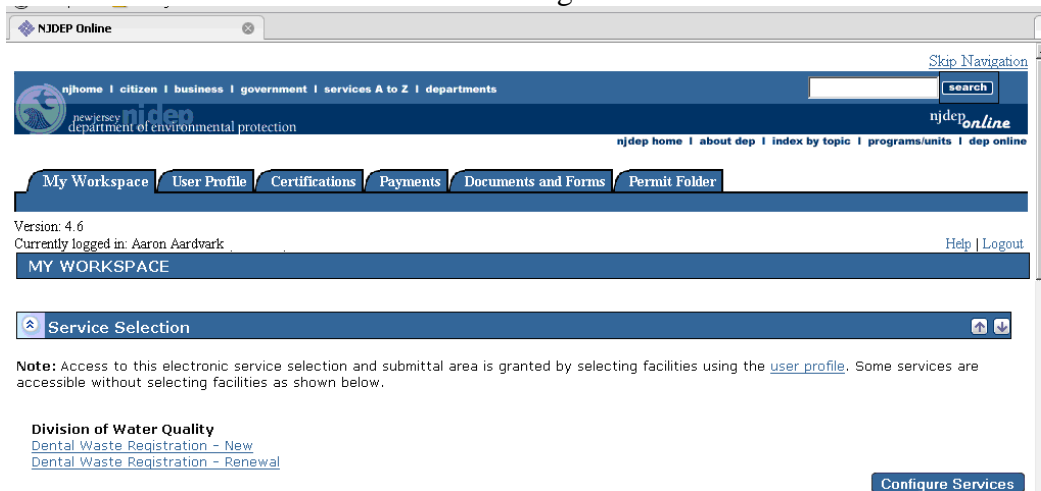
Land Use

- Apply for Land Use Permits

Check the boxes for Dental Waste Registration – New and Dental Registration – Renewal. Then scroll down and click the OK button. You may get a warning screen indicating that some selected services require facilities. If so, ignore the warning and click the **Done** button.

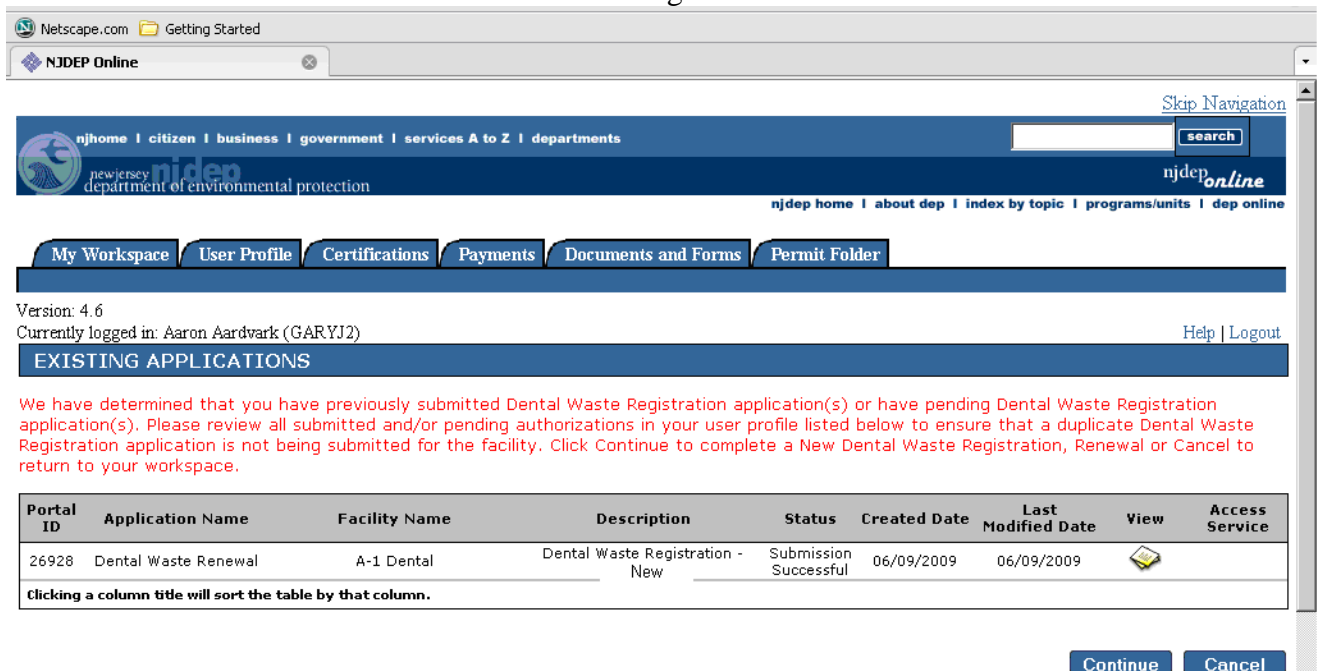
The following screen appears:

Fig. 6



Click on “Dental Waste Registration – Renewal”

Fig. 7



Click “Continue”. The following screen appears:

Fig. 8

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Currently logged in: John Smith (GONELIVE) [Help](#) | [Logout](#)

DENTAL WASTE INSTRUCTIONS

If your facility generates amalgam waste through placement or removal of amalgam, your facility must register and certify *annually* with the NJ Department of Environmental Protection. Please remember to record your User ID and Password for future use.

When registering on-line, please be aware that you may click the "Help" hotlink on the top right corner of each screen for further assistance. Additionally, manuals with the step-by-step instructions can be viewed and printed from http://www.nj.gov/dep/dwq/Dental_Amalgam_Overview.htm.

You will need the following information to complete this on-line registration:

- Separator manufacturer name;
- Separator model number;
- Name of Licensed Recycling Contractor (*if you have sent amalgam out for recycling*); and
- Certification PIN (*previously sent to your registered email address*)

Please note that installation of an amalgam separator is REQUIRED by October 1, 2009.

[Continue](#)

Read the instructions and collect any needed information, then click “Continue”.

Fig. 9

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FACILITY SELECTION

Facility	Facility ID	Municipality	Access Type	Access Facility
A-2 Dental II	451	Trenton City	Responsible Official	

Clicking a column title will sort the table by that column.

Click on the icon under “Access Facility” in the appropriate row for the facility you wish to renew. NOTE: You may renew only one facility at a time. If you have multiple facilities, see the instructions at the end of this document. If you are attempting to register a facility that is not listed on the above screen, you must submit a new registration. Return to Figure 6 and click “Dental Waste Registration – New”. The screen noted above as Figure 9 will be replaced by a different screen in which you must complete the required fields and hit “Continue.”

Contact Information – Fig. 10

* Have any of your contact details changed since your last Dental Waste Registration? Yes No

1. Responsible Party 2. Facility Contact

1. Responsible Party

Note: Selecting an option below will replace all information for this contact.

Insert From Existing Contact(s)...

*First Name: Aaron
 *Middle Name:
 *Last Name: Aardvark
 *Title:
 *E-Mail Address: gary.torres@dep.state.nj.us
 *Confirm E-Mail: gary.torres@dep.state.nj.us
 *Organization Name: A-1 Dental
 *Organization Type: Private

*Address Line 1: 123 4th St
 *Address Line 2:
 *Address Line 3:
 *County: Mercer
 *City: Trenton (Mercer)
 *State: New Jersey
 *Zip Code: 08625

Save to My Favorite Contacts

* At least 1 phone number is required.

*Type	*Contact Number (must be 10 digits)	Extension	Comments	Remove
Work Phone Number	(555) 555-5555	1		

Add Number

* Required

Note: Please enter contact information on ALL required tabs before clicking Continue.

Available Contact Types... Add Contact

<< Previous Next >> Save Continue

Review the information in this screen and make any necessary changes. Click “Save”.

Click on the “Facility Contact” tab and repeat this step. Click “Save”.

If you have made changes to **either** tab, answer *yes* to the question regarding changes to your contacts. Otherwise, answer *no*.

Click “Continue”.

Fig. 11

Currently logged in: user manual (USERMANUAL) Help | Logout

APPLICABILITY PHASE I

1 - Instructions
2 - Site Information
3 - Contacts
4 - Applicability Phase I
5 - Certification
6 - Summary

You are subject to the dental amalgam registration requirements if you place or remove amalgam, unless all types of practice at the facility are exempt by regulation. Check "Yes" in response to the question "Do you generate amalgam waste?" even if amalgam is only removed.

* Does your dental facility generate amalgam waste? Yes No

Note: Please select the operating type of practice. Select all that apply. (Ctrl+Click):

* **Dental Practice**

- Orthodontics
- Periodontics
- Oral and Maxillofacial Pathology
- Oral and Maxillofacial Radiology
- Oral and Maxillofacial Surgery
- General Dentistry**
- Pediatric Dentistry
- Endodontics

* Required

Continue

If your facility generates amalgam waste through *placement or removal* of amalgam, then click *yes* to the first question.

To select your dental practice, click on the appropriate practice. To select more than one, press “CTRL” key on your keyboard and click on the appropriate practices.

Click “Continue”.

Fig. 12

My Workspace | User Profile | **Certifications** | Payments | Documents and Forms | Permit Folder

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TERMS AND CONDITIONS

Dental Amalgam Waste Terms and Conditions PDF

By clicking the box above I certify that I have read, understand and agree to ALL terms and conditions for this registration.

You may click icon to read Dental Amalgam rules.

Click the checkbox to accept the Terms and Conditions. The “Yes” button will then be enabled. Click “Yes”.

Fig. 13

My Workspace | User Profile | **Certifications** | Payments | Documents and Forms | Permit Folder

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REGISTRATION SPECIFIC INFORMATION

1 - Instructions	
2 - Site Information	
3 - Contacts	
4 - Applicability Phase I	
5 - Terms and Conditions	
6 - Registration Specific Information	
7 - Certification	
8 - Summary	

Requirements
Check the Certify checkbox if you wish to certify a requirement.

Requirement	Due Date (MM/DD/YYYY)	Certify	Comments
Registrant shall certify that this facility has an operational amalgam separator: by October 1 of each year.	09/30/2009	<input checked="" type="checkbox"/>	<input style="width: 100%;" type="text"/>
Registrant shall certify that this facility has implemented and is adhering to the required BMPs: by October 1 of each year.	09/30/2009	<input checked="" type="checkbox"/>	<input style="width: 100%;" type="text"/>

Separator(s):

Make	Model	Remove
Mercury Removal	1	<input type="checkbox"/>

* Has amalgam waste been sent out for recycling during the past twelve months? Yes No

Licensed Recycling Contractor Information:

Name of Licensed Recycling Contractor	Remove
John Smith Removal Services	<input type="checkbox"/>

* Required

Certify as appropriate and enter the information as required. Click "Continue".

Fig. 14

njhome | citizen | business | government | services A to Z | departments

new jersey njdep department of environmental protection

njdep online

njdep home | about dep | index by topic | programs/units | dep online

My Workspace | User Profile | Certifications | Payments | Documents and Forms | Permit Folder

Version: 4.6
Currently logged in: Aaron Aardvark (GARYJ2) [Help](#) | [Logout](#)

CERTIFICATION - SINGLE APPLICATION - DENTAL FACILITY REGISTRATION - RO

Service ID	Submittal Type	Creation Date	View
26948	Division of Water Quality - Dental Waste Registration - New - Significant Indirect User	06/09/2009	

Certification of the Dental Facility Registration - RO

I certify under penalty of law that the information provided in this document was prepared under my direction or supervision in accordance with a system designated 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 Certifying Party: Aaron Aardvark

User ID of Certifying Party: GARYJ2

***Certification PIN:** (Case-Sensitive)

** Required*

Certification of your PIN constitutes an electronic signature of this submittal in accordance with the aforementioned statement.

[Certify](#) [Forgot Certification P](#) [Cancel](#)

Mini Progress Window

You may click on the icon in the View column to read a summary of information you previously entered, otherwise, enter your Certification PIN and click “Certify”.

REMINDER: Record and save your Certification PIN for annual usage.

If you do click the icon in the View column, you can return to this page by clicking the “Return” button.

To make corrections, you will need to return to the screen in which the incorrect information is entered. **Returning to a previous screen may cause data loss and require you to repeat steps you made after the screen in which the incorrect information occurred.** To return to an earlier screen, click on the corresponding button in the Mini Progress Window.

After you click “Certify”, the following will appear:

Fig. 15

Top and Bottom of Certification Page with Date and Digital Signature

[My Workspace](#) [User Profile](#) [Certifications](#) [Payments](#) [Documents and Forms](#) [Permit Folder](#)

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Currently logged in: user manual (USERMANUAL) [Help](#) | [Logout](#)
[Printer Friendly Version](#)

SERVICE SUMMARY

Contacts

Name:	User Manual
Title:	Dentist
Contact Type:	Responsible Party
E-Mail:	user@dental.com
Phone:	555224444 (Work Phone Number)
Name:	Joe Dally
Title:	Dentist
Contact Type:	Facility Contact
E-Mail:	user@dental.com
Phone:	222554444 (Work Phone Number)

Specific Registration Information

Registration Number:	19145	Certification Date:	09/12/2008
Registration For:	User manual	Dentists:	User Manual 111222333
Address:	444 east state Tabernacle (Burlington), NJ 08625		
Registered Separator(s):	Make: Removal Expert Model: Expert		

The separator(s) listed above is/are in operation, and all wastewater containing amalgam is treated thereby.

Amalgam was removed by the haulers listed above during the year prior to this certification.

The dentist in charge of the practice is certifying to the accuracy of the information on this certificate, as of the Certification Date shown above

This Registration is issued solely for the location noted above in which there is an existing dental practice as of the Certification Date. The dentist in charge of any practice at a separate location must register that location separately. In the event that the practice at this location closes, that the practice relocates, or that additional types of practice begin or are eliminated on this site, the dentist in charge shall notify the Department immediately in writing.

The dentist in charge shall update all relevant information and renew this registration no later than October 01, 2011.

Certified Electronically By: user manual

Certification

I certify under penalty of law that the information provided in this document was prepared under my direction or supervision in accordance with a system designated 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.

user manual 09/12/2008
Dental Facility Registration - RO **Date**

[Return to Worksp](#)

Print a copy for your records.

Click “Return to Workspace”.

CONTRATULATIONS! You have completed the registration and certification renewal process. If you have multiple facilities, you may renew additional registrations by repeating the steps beginning at Figure 6 on page 4. Otherwise, you may now logout (click Logout near the top right corner) or perform other tasks within MyNewJersey.

Appendix Additional Features

The following paragraphs assume that you are logged on and have navigated to the appropriate screen.

Printing Final Documents

On the “My Workspace” tab (Fig. 6), under “My Services – Submitted”, click on the icon in the appropriate row in the column labeled “Permit”. If no icon appears, the Department has not completed its review of your submittal and the document is not ready. When ready, print the document and return to “My Workspace”. If you have difficulty, please contact the Department.

Editing Registrations

If you have completed the registration process and find that you have inadvertently failed to check the box for either required task on the screen shown as Fig. 13, it is possible to correct the omission. Please contact the Department for details.

V:\er\bpr\Dental Mercury\Dental info - web\2009-08-17 Renewal Amalgam Registration Manual.doc