



Dental Amalgam Program Permit Application

City of Mt. Juliet requires all dental offices that discharge into Mt. Juliet's sanitary sewers to be issued a Dental Amalgam Program (DAP) permit in order to reduce the amount of potentially toxic metals such as mercury from entering its treatment system. The information on this form will allow the Pretreatment Division to determine the applicability of the program for your office and to perform the necessary inspections to sustain your permit.

Name of Dental Office:	
Office Address:	Mailing Address:
City, ST, ZIP	City, ST, ZIP
Primary Contact:	Title:
Email:	Phone:

List all Dentist practicing at this office (use back of sheet for more than four entries)		
Name	Days On-Site (Circle all that apply)	How many amalgam fillings EACH MONTH?
	M T W T F Sa Su	___ Placed ___ Removed <input type="checkbox"/> None
	M T W T F Sa Su	___ Placed ___ Removed <input type="checkbox"/> None
	M T W T F Sa Su	___ Placed ___ Removed <input type="checkbox"/> None
	M T W T F Sa Su	___ Placed ___ Removed <input type="checkbox"/> None
Number of chairs in this office:		Number of fixtures draining to AST:

Exemption Request

I certify this dental practice is exempt from DAP requirements because of amalgam fillings are removed or placed 3 or fewer days per year AND/OR this practice primarily serves the following function:

<input type="checkbox"/> Orthodontics	<input type="checkbox"/> Oral pathology or oral medicine
<input type="checkbox"/> Periodontics	<input type="checkbox"/> Endodontics
<input type="checkbox"/> Oral and maxillofacial surgery	<input type="checkbox"/> Prosthodontics
<input type="checkbox"/> Radiology	

Application attachments must include: building plans for plumbing of amalgam waste lines, make / model of amalgam separator technology, and comprehensive waste disposal plan.

I certify under penalty of law that the information presented herein is true and complete and that I will promptly inform City of Mt. Juliet of any changes as they occur.

Name (print)	Signature	Date
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Submit completed application to:

City of Mt. Juliet
Pretreatment Division
71 E. Hill Street
Mt. Juliet, TN 37122

Or fax to: 615-773-6286

or email to: gpage@mtjuliet-tn.gov

For questions call: 615-773-6274