



Dental Amalgam Program Permit Application

The Board of Public Utilities (BPU) requires all dental offices that discharge into Paris' 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 BPU 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 Dentists Practicing at this Office (use back of sheet for more than four entries)		
Name	Days On-Site <small>(circle all that apply)</small>	How many amalgam fillings EACH MONTH?
	M T W R F Sa Su	_____ Placed _____ Removed <input type="checkbox"/> None
	M T W R F Sa Su	_____ Placed _____ Removed <input type="checkbox"/> None
	M T W R F Sa Su	_____ Placed _____ Removed <input type="checkbox"/> None
	M T W R F Sa Su	_____ Placed _____ Removed <input type="checkbox"/> None
Number of Chairs in this Office:		Number of Fixtures draining to AST:

Exemption Request

<input type="checkbox"/> I certify this dental practice is exempt from DAP requirements because 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"/> Periodontics <input type="checkbox"/> Oral and maxillofacial surgery <input type="checkbox"/> Radiology	<input type="checkbox"/> Oral pathology or oral medicine <input type="checkbox"/> Endodontics <input type="checkbox"/> Prosthodontics

Application attachments must include: building plans for plumbing of amalgam waste lines, make / model of amalgam separator technology, and a 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 the Paris Board of Public Utilities of any changes as they occur.

Name (print)	Signature	Date
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Submit completed application to:
Paris Board of Public Utilities
ATTN: Travis Jones
135 Seymore Ln.
Paris, TN 38242

Or fax to: **731-644-1033**

Or email to: tjones@parisbpu.org

For questions call: **731-642-1322 ext 155**

For more information on the BPU DAP policy visit:
www.parisbpu.com