



ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS

to comply with 40 CFR 441.50

Effluent Limitations Guidelines and Standards for the Dental Office Category

Name of Facility:

Physical Address of Facility:

Street: _____

City: _____ State: _____ Zip: _____

Mailing Address:

Street: _____

City: _____ State: _____ Zip: _____

Facility Contact:

Name: _____

Phone: _____ email: _____

Name(s) of Owner(s):

Name(s) of Operator(s) if different from Owner(s):

Applicability: Please Select One of the Following

This facility is a dental discharger subject to this rule (40 CFR Part 441) and it places or removes amalgam. *(If this box is checked please complete sections A, B, C, D, and E)*

This facility is a dental discharger subject to this rule (40 CFR Part 441) and (1), it does not place dental amalgam, and (2) it does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. *(If this box is checked please complete section E only)*

This facility is a dental discharger subject to this rule (40 CFR Part 441) and it has previously submitted a one-time compliance report. This facility is submitting a new one-time compliance report because of a transfer of ownership as required by 40 CFR 441.50(a)(4).

Section A: Description of Facility

_____ Total number of chairs

_____ Total number of chairs at which amalgam may be present in the resulting wastewater.
(i.e. chairs where amalgam may be placed or removed)

Yes No This facility discharged amalgam process wastewater prior to July 14th, 2017 under any other ownership?

Section B: Description of Amalgam Separator Devices

Manufacture Name	Model	Year Installed	# of Chairs Served	Is Separator Certified Under ISO 11143 or ANSI/ADA 108-2009 Standard?	
				Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

Section B: Description of Amalgam Separator Equivalent Device

Manufacture Name	Model	Year Installed	# of Chairs Served	Average Removal Efficiency of Equivalent Devices as determined by 441.30(a)(2)-iii

The dental facility installed prior to June 14, 2017 one or more existing amalgam separators that do not meet the requirements of 441.30(a)(1)(i) and (ii) at the above number of chairs at which amalgam placement or removal may occur. I understand that such separators must be replaced with one or more amalgam separators (or equivalent devices) that meet the requirements of 441.30(a)(1) or 441.30(a)(2), after their useful life has ended, and no later than June 14, 2027, whichever is sooner.

Section C: Design, Operation and Maintenance of Amalgam Separators or equivalent Devices

Yes I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in 441.30 or 441.40.

A third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with 441.30 or 441.40.

Yes Name of third party service provider _____

No If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with 441.30 or 441.40.

Section D: Best Management Practices (BMP) Certifications

Yes The above named dental discharger is implementing the following BMP's as specified in 441.30(b) or 441.40 and will continue to do so.

- Waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, must not be discharged to a publicly owned treatment works (e.g., municipal sewage system).
- Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a publicly owned treatment works (e.g., municipal sewage system) must not be cleaned with oxidizing or acidic cleaners, including but not limited to, bleach, chlorine, iodine, and peroxide that have a pH lower than 6 or greater than 8. (i.e. cleaners that may increase the dissolution of mercury).

Section E: Certification Statement

Per 441.50(a)(2), the One-Time Compliance Report must be signed and certified by a responsible corporate officer, a general partner or proprietor if the dental facility is a partnership or sole proprietorship, or a duly authorized representative in accordance with the requirements of 403.12(l).

Authorized Representative Name: _____
(please print)

Authorized Representative Signature: _____

Date: _____

Phone: _____

Email: _____

Retention Period; per 441.50(a)(5)

As long as a dental facility subject to this part is in operation, or until ownership is transferred, the dental facility or an agent or representative of the dental facility must maintain this One-Time Compliance Report and make it available for inspection in either physical or electronic form.