ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS to Comply with 40 CFR 441.50 Effluent Limitations Guidelines and Standards for the Dental Office Category

Instructions:

The following is form that contains the minimum information dental facilities must submit in a one-time compliance report as required by the EPA. Some dental facilities are not required to submit a one-time compliance report.

See https://www.federalregister.gov/documents/2017/06/14/2017-12338/effluent-limitations-guidelines-and-standards-for-the-dental-category#p-264 for more information on the EPA rule.

General Information

Complete section E only

| Nam | Name of Dental Facility | | | | | | |
|---|---|------------|----------------|------------------|--------------|------|---------------|
| | | | | | | | |
| Phys | sical Address of Dental Facility | | | | | | |
| | | | | | | | |
| City: | | | | State: | Ziŗ | p: | |
| Mail | ing Address | | | | | | |
| | | | | | | | |
| City: | | | | State: | Ziŗ | p: | |
| Facil | ity Contact | | | | | | |
| | | | | | | | |
| Phon | ne: | | Email: | | | | |
| Names of Owner(s): | | | | | | | |
| Oper | 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 dental | | | | | | |
| | amalgam. | | | | | | |
| | Complete sections A, B, C, D, and E | | | | | | |
| | This facility is a dental discharger subje | ect to thi | s rule and (1) | 1) it does not r | blace dental | ama' | Igam, and (2) |

it does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances.

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Section A

| Descr | iption | of I | Facil | itv |
|-------|--------|------|-------|-----|
| | | • | | , |

| Descri | iption of i | raciiity | | | | | | |
|---|---|--------------|------------|--|----------------|------------------|--|----------|
| Tota | l 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): | | | | | | | | |
| Description of any amalgam separator(s) or equivalent device(s) currently operated: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| VEC | NO | The facility | v dischara | and amalgam area | occ wactowator | prior to July 1 | 1th 2017 under er |).v |
| YES | NO | ownership | | ged amaigam proc | ess wastewater | prior to July 1 | 4th, 2017 under ar | ıy |
| | | OWNERSHIP | , | | | | | |
| Sectio | n B | | | | | | | |
| | | Amalgam S | Separator | or Equivalent Dev | <i>i</i> ice | | | |
| | | • | | ed one or more IS | • | | • | Chairs: |
| | _ | • | | ivalent devices) th | • | • | • | |
| | | | | irs at which amalgorior to June 14, 20 | • | | • | Chairs: |
| | | • | • | ements of <u>§ 441.3</u> 0 | | _ | • | Criuirs. |
| | | | • | cement or remova | | at the followi | ing mamber of | |
| | I unders | tand that s | such separ | rators must be rep | laced with one | | gam separators (or | |
| | | | | | | | 0(a)(2), after their | useful |
| | life has ended, and no later than June 14, 2027, whichever is sooner. | | | | | | | |
| | Make | : | | Model | | | Year of installation | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| ☐ My facility operates an equivalent device. | | | | | | | | |
| | | | | | | | Average remova | |
| | | | | | | Year of | efficiency of equ device, as deterr | |
| Make | | | | Model | | installatio n | per § 441.30(a)(2 | |
| WithC | | | | WIOGEI | | 11 | pci <u>3 441.30(a)(a</u> | <u> </u> |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | 1 | 1 | |

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Section C

Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

| | 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 (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable): | | | | |
| | NO | If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with \S 441.30 or \S 441.40. | | | | |
| Describe practices: | | | | | | |
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Section D

Best Management Practices (BMP) Certifications

The above named dental discharger is implementing the following BMPs 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).

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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).

"I am a responsible corporate officer, a general partner or proprietor (if the facility is a partnership or sole proprietorship), or a duly authorized representative in accordance with the requirements of § 403.12(I) of the above named dental facility, and certify under penalty of law that this document 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 knowing violations."

| Authorize | ed Representative Name (print name): | | |
|-------------------------------------|--------------------------------------|--------|--|
| Phone: | | Email: | |
| | | | |
| | | | |
| | | | |
| Authorized Representative Signature | | Date | |

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.