

#### ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS

To Comply with Effluent Limitations Guidelines and Standards for the Dental Office Category, 40 CFR 441.50, and the Central Valley Water Reclamation Pretreatment Rules and Regulations

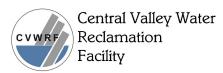
#### **Instructions:**

The following is a form that contains the minimum information dental facilities must submit in a one-time compliance report as required by the above-reference regulations. Should you have any questions please contact Mr. Brad Woodhouse or Mr. Alan Wayman of the Central Valley Water Reclamation Pretreatment Department at **801-973-9100**.

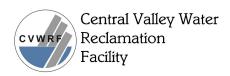
Return this completed form to:

Central Valley Water Reclamation Facility, 800 West Central Valley Road, Salt Lake City, Utah 84119

# **General Information** Name of Facility Physical Address of Dental Facility Street: Zip: City: State: Mailing Address Street: City: State: Zip: **Facility Contact** Phone: Email: Names of Owner(s): Names 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 dental amalgam. Complete sections A, B, C, D, and E



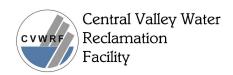
☐ This facility is	s a dental di	scharger subject to this rule and (1) it does n	ot place dental ama	algam,				
_	and (2) it does not remove amalgam except in limited emergency or unplanned, unanticipated							
circumstances				1				
Complete sect	tion E only							
, , ,	<u> </u>	ansfer of Ownership (§ 441.50(a)(4))						
		scharger subject to this rule (40 CFR Part 44		iously				
		appliance report. This facility is submitting a r						
Compliance R	Report becau	use of a transfer of ownership as required by	§ 441.50(a)(4).					
G 4 A								
Section A Description of Faci	:1:4x7							
Total number of ch								
		ch amalgam may be present in the						
<u> </u>	ter (i.e., chai	irs where amalgam may be placed or						
removed):	- am al cam o	tan(a) an activishent device(a) aumonthy						
Description of any	amaigain se	eparator(s) or equivalent device(s) currently	operatea:					
YES NO The f	facility discl	harged amalgam process wastewater prior to	July 14th, 2017 un	nder				
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1	•	harged amalgam process wastewater prior to	July 14th, 2017 un	nder				
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□ □ any o	ownership.		July 14th, 2017 un	nder				
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Section B  Description of Ama  The dental factor compliant am	algam Sepancility has instalgam sepan	rator or Equivalent Device	OA 108-2009)   C					
Section B  Description of Ama  The dental factor compliant am containing waremoval may	algam Sepan scility has instalgam sepan aste at the for occur:	stalled one or more ISO 11143 (or ANSI/AD rators (or equivalent devices) that captures a bllowing number of chairs at which amalgam	OA 108-2009) C Il amalgam n placement or					
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☐ My facility operates an equivalent device.				
Make	Model	Year of installation	Average removal efficiency of equivalent device, as determined per § 441.30(a)(2)i- iii.	

Section C
Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

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 § 441.30 or § 441.40.		
Describe operation and maintenance practices:				



### **Section D**

<b>Best Management Practices (BMP) Certificati</b>
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- 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).

## 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(1).

"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(l) 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."

Authorized Representative Name (print name):	
Phone:	Email:
Authorized Representative Signature	Date

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.