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

**Required by Federal Rules at 40 CFR Part 441**

**Instructions:**

WHO COMPLETES THIS FORM IN WASHINGTON STATE: This form is ONLY for use by dental offices that discharge to sewage treatment plants which are delegated authority to administer their own pretreatment program. **Your facility is serviced by the City of Richland’s delegated pretreatment program. Completed forms should be returned to the attention of the Pretreatment Coordinator.**

MUNICIPALITIES WITH PRETREATMENT PROGRAMS: Metro/King County (entire system), Lynnwood, Everett, Vancouver, Tacoma, LOTT (Lacey, Olympia, Tumwater), Pierce County, Port Angeles, Yakima, Richland, Spokane (City and County), Walla Walla, Quincy, and Pasco have been delegated pretreatment authorities. Dental offices discharging to sewage systems served by treatment plants these municipalities own must submit information to their wastewater utility.

WHICH DENTISTS MUST REPORT UNDER THIS RULE: Dental offices that emplace or remove amalgam and discharge wastewater to the sanitary sewer must submit a one-time compliance report that attests to certain things (see attached form). Dental offices which don’t emplace amalgam, and don’t remove amalgam except in limited emergency or unplanned, unanticipated circumstances only need to submit information in the general information, applicability, and certification sections of this form. Dentists in the following specialties are exempt from the rule and do not need to submit this form at all: Oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.

WHY MUST I PROVIDE THIS INFORMATION: The Department of Ecology and thereby delegated pretreatment programs are obliged under the Clean Water Act to collect the information on the attached form. Only the information needed to assure compliance with reporting, maintenance, and record keeping requirements of EPA’s “Dental Amalgam Rule” (40 CFR parts 441.30, 441.40, & 441.50) is included.

WHEN IS THIS FORM DUE: Dental offices starting business after July 14, 2017, must complete and submit this form within 90 days after accepting patients. Dental offices which change owners must submit this form within 90 days after the change. Dental offices in business on July 14, 2017 that don’t change owners, must submit this form by October 12, 2020. Only one form is required per office. A new form is not required if the owner remains but other dentists practicing in the office change, or if dental equipment is changed out.

**HOW DO I SUBMIT THIS FORM:** Print it out, sign it, and mail it to the address below:

City of Richland WWTF

Attention: Pretreatment Coordinator

625 Swift Blvd., MS#27

Richland, WA 99352

**General Information**

|  |
| --- |
| Name of Facility |
|  |
| Physical Address of Dental Facility |
|  |
| City: |  | State: |  | Zip: |  |
| Mailing Address (if different) |
|  |
| City: |  | State: |  | Zip: |  |
| Facility Contact  |
|  |
| Phone: |  | Email: |  |
| Names of Owner(s): |  |
| Names of other / additional Dentist(s): |  |

**Applicability: Please Select One of the Following**

|  |
| --- |
|[ ]  This dental facility is a dental discharger subject to this rule ([40 CFR Part 441](https://www.federalregister.gov/d/2017-12338/p-264)) and it places or removes dental amalgam. (*Complete sections A, B, C, D, and E)* |
|[ ]  This dental facility does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. (*Complete section E only)* |
| **Type of report: New facility, Transfer of Ownership, or Existing Facility** ([§441.50](https://www.federalregister.gov/d/2017-12338/p-321)**)** |
|[ ]  This facility is submitting this Compliance Report because it began business after July 14, 2017.  |
|[ ]  This facility is submitting this Compliance Report because it changed owners after July 14, 2017. |
|[ ]  This facility is submitting this Compliance Report to meet the October 12, 2020 deadline. |

**Section A - Description of Facility:**

|  |  |
| --- | --- |
| Total number of chairs: |  |
| 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 [ ]  | The facility discharged amalgam process wastewater to a sewer utility prior to July 14th, 2017 (under any ownership). |

**Section B - Description of Amalgam Separatoror Equivalent Device**

|  |  |  |
| --- | --- | --- |
|  [ ]  | This facility has installed one or more ISO 11143:2008 (or ANSI/ADA 108-2009) compliant amalgam separators that capture all amalgam containing waste at the following number of chairs at which amalgam placement or removal may occur: | *Device #’s:* |
|  [ ]  | This facility installed, prior to June 14, 2017, one or more amalgam separators that met applicable standards when installed (e.g. ISO 11143:1999), but do not meet the above criteria at the following number of chairs at which amalgam placement or removal may occur.  | *Device #’s:* |
| *I understand such separators may continue to be used for up to ten years but must be replaced with amalgam separators that meet the new criteria by June 14, 2027 (ref.* [*§ 441.30(a)(1)*](https://www.federalregister.gov/d/2017-12338/p-284) *or* [*§ 441.30(a)(2)*](https://www.federalregister.gov/d/2017-12338/p-290)*), or after their useful life has ended (whichever is sooner).*  |
| **#** | **Make** | **Model** | **# of Chairs Connected**  | **Year of installation** |
| 1 |   |   |  |   |
| 2 |   |   |  |   |
| 3 |   |   |  |   |
| 4 |   |   |  |   |
|  |  |  |  |  |
|  [ ]  | This facility operates one or more “equivalent devices” and I hereby certify that they satisfy the requirements of [§ 441.30(a)(1)(i) and (ii)](https://www.federalregister.gov/d/2017-12338/p-284). |
| **#** | **Make** | **Model** | **Year of installation** | **# of Chairs Connected** | **Average removal efficiency of equivalent device, as determined per** [**§ 441.30(a)(2)i- iii**](https://www.federalregister.gov/d/2017-12338/p-290)**.** |
| 1 |   |   |   |  |  |
| 2 |   |   |   |  |  |
| 3 |   |   |   |  |  |
| 4 |   |   |   |  |  |

**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](https://www.federalregister.gov/d/2017-12338/p-281) or [§ 441.40](https://www.federalregister.gov/d/2017-12338/p-309).  |
| Is a third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with [§ 441.30](https://www.federalregister.gov/d/2017-12338/p-281) or [§ 441.40](https://www.federalregister.gov/d/2017-12338/p-309). |
|
| [ ]  | IF YES | Provide name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable): |   |
|
| [ ]  | IF NO | If none, describe below the practices employed by the facility to ensure proper operation and maintenance in accordance with [§ 441.30](https://www.federalregister.gov/d/2017-12338/p-281) or [§ 441.40](https://www.federalregister.gov/d/2017-12338/p-309). |
|
|  *Describe practices:* |
|
|
| [ ]  | YES | I understand that per 40 CFR 441.50(b) I or my agent or representative must keep the following maintenance records for three years in either physical or electronic form and make these available for inspection by Ecology and the POTW (sanitary sewer provider) for this facility: (1) For each separator or equivalent device: The dates the device was inspected, the person(s) conducting the inspection, and what the inspection found, including any needed follow-up actions.  (2) Dates when an amalgam retaining container was replaced.  (3) Dates when dental amalgam wastes were collected or shipped for proper disposal, the company receiving the amalgam retaining containers, and the HW manifest if one was generated.  (4) Details of any repair or replacement of an amalgam separator (or equivalent device) including the date, person(s) doing the work, the repair, and make and model of any new device.  (5) The manufacturers operating manual for each amalgam separator device in use (physical or electronic form) |
|
|
| [ ]  | YES | I understand that while in business, until ownership is transferred, I must keep a copy of this report at the dental facility and make it available for inspection. [**§ 441.50(a)(5)**](https://www.federalregister.gov/d/2017-12338/p-322) |
|

**Section D - Best Management Practices (BMP) Certifications**

|  |
| --- |
|[ ]  I certify that this facility Is implementing the following best management practices and will continue to do so: (ref: [§ 441.30(b)](https://www.federalregister.gov/d/2017-12338/p-299) and [§ 441.40](https://www.federalregister.gov/d/2017-12338/p-309))1) We ensure no waste amalgam is discharged to the POTW (e.g. from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices) and 2) We ensure cleaners used for water lines, chair side traps, and vacuum lines connected to the amalgam separator are not oxidizing or acidic including beach, chlorine, iodine, and peroxide with a pH below 6 or above 8.* 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)](https://www.federalregister.gov/d/2017-12338/p-312), the One-Time Compliance Report must be signed and certified by a responsible corporate officer (for corporations), a general partner, proprietor, or duly authorized representative (if the dental facility is a partnership or sole proprietorship) as defined per [§ 403.12(l)](https://www.ecfr.gov/cgi-bin/text-idx?SID=c72f4432eed7748fd20b225be969e21e&mc=true&node=se40.31.403_112&rgn=div8)). “Responsible Corporate Officer” means: (i) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or a person who performs similar policy- or decision-making functions for the corporation, or (ii) The facility manager or environmental manager when empowered to gather and attest to accuracy of information and where authority to sign documents has been assigned or delegated to them according to corporate procedures.“Duly authorized representative” means the representative of the owner or general partner where: (i) The authorization is made in writing by the owner or general partner and specifies the individual or position responsible for the overall operation of the facility from which the Dental Discharge originates, or having overall responsibility for environmental matters; and (ii) the written authorization is submitted to the Control Authority with the One-Time Compliance Report (attach \*.pdf file to electronic filing).**Subsequent reports from Dental Dischargers required within 90-days after a change of ownership** (40 CFR 441.50(4)). If a change of ownership report is submitted by a “duly authorized representative”, the representative must meet the definition above and a new written authorization must be sent by attachment (by \*.pdf format electronically) with the report. |
| ***“I am a responsible corporate officer (for corporations), or a general partner, proprietor, or duly authorized representative (for partnerships or sole proprietorships). I 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.”*** |
| Name of Corporate Officer, General Partner, Proprietor, or Authorized Representative attesting to the above statement *(print):*  |  |
| Phone: |  | Email: |  |
|  |  |
| *Authorized Representative Signature (above)* | *Date: (above)* |