



ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS

to Comply with 40 Code of Federal Regulation, Part 441.50, Effluent Limitations Guidelines and Standards for the Dental Office Category,

All dental facilities must submit in a one-time compliance report as required by the Effluent Limitations Guidelines and Standards for the Dental Office Category (“Dental Amalgam Rule”). Requests for confidential treatment of information provided on this form shall be governed by the City of Pasco’s Pasco Municipal Code 13.90.500. In accordance with Title 40 of the Code of Federal Regulations Part 2, Section 302, information and data provided in this questionnaire which identifies wastewater constituents and characteristics, and other “effluent data” of discharge will not be recognized as confidential information and will be available to the public without restriction. The retention period; per § 441.50(a)(5) states 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.

Failure to respond to this initial correspondence may result in applicable penalties and enforcement actions.

Questions, comments, or concerns please contact:

environmentalcompliance@pasco-wa.gov

Subject: Dental Amalgam Program

General Information:

Name of Dental Facility			
Date Facility Opened			
Physical Address of Dental Facility			
Mailing Address of Dental Facility			
Name of Facility Contact			
Phone		Email	
Name(s) of Owner(s)			
Name(s) of Operator(s) if different from Owner(s)			



Please answer the following questions pertaining to your facility:	Yes	No
Does your office work with or expect to work with dental amalgam (not including limited emergency or unplanned, unanticipated circumstances, does not occur on regular basis) or generate any wastewater associated with dental amalgam? If not, move to applicability.		
Does your facility discharge dental amalgam wastewater to the City of Pasco Sanitary Sewer System? If not, please specify how your dental amalgam wastewater is disposed.		

Applicability:

Choose the option that best describes your facility

Please select the option that best applies to your facility:	
<input type="checkbox"/>	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
<input type="checkbox"/>	This facility exclusively practices one or more of the following dental specialties: Oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics. Complete section E only
<input type="checkbox"/>	This facility is a dental discharger subject to this rule and (1) it does not place dental amalgam, and (2) it does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. Complete section E only
(Also, select if applicable) Transfer of Ownership (§ 441.50(a)(4))	
<input type="checkbox"/>	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 § 441.50(a)(4) . Complete sections A, B, C, D, and E

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):		
Description of any amalgam separator(s) or equivalent device(s) currently operated:		
The facility discharged amalgam process wastewater prior to July 14th, 2017 under any ownership.	YES <input type="checkbox"/>	NO <input type="checkbox"/>



Section B: Description of Amalgam Separator or Equivalent Device

Choose the option that best describes your facility

<input type="checkbox"/>	The dental facility has installed one or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators (or equivalent devices), please list below, that captures all amalgam containing waste at the following number of chairs at which amalgam placement or removal may occur:				
Make	Model		Chairs serviced:	Year of installation	
<input type="checkbox"/>	The dental facility installed prior to June 14, 2017 one or more existing amalgam separators that do not meet the requirements of <u>§ 441.30(a)(1)(i) and (ii)</u> at the following number of chairs at which amalgam placement or removal may occur:				
<input type="checkbox"/>	I understand that such separators must be replaced with one or more amalgam separators (or equivalent devices) that meet the requirements of <u>§ 441.30(a)(1)</u> or <u>§ 441.30(a)(2)</u> , after their useful life has ended, and no later than June 14, 2027, whichever is sooner.				
<input type="checkbox"/>	My facility operates an equivalent device.				
Make	Model	Year of installation	Chairs Serviced	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

Choose the option that best describes your facility.

<input type="checkbox"/>	I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in <u>§ 441.30</u> or <u>§ 441.40</u> by a third-party service provider.	
Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):		
<input type="checkbox"/>	I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in <u>§ 441.30</u> or <u>§ 441.40</u> by through the practices employed by the facility to ensure proper operation and maintenance in accordance with <u>§ 441.30</u> or <u>§ 441.40</u> .	
<i>Describe operational practices of separator:</i>		



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

<input type="checkbox"/>	<p>The above named dental discharger is implementing the following BMPs as specified in § 441.30(b) § 441.40 and will continue to do so.</p> <ul style="list-style-type: none"> · 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**

<p>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).</p> <p><i>"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."</i></p>		
Authorized Representative Name (<i>print</i>):	Date:	
	Title:	
Authorized Representative Signature:	Email:	

Please return this completed document to:
City of Pasco
Attn: Environmental Compliance Coordinator
PO BOX 293
Pasco, WA 99301