

SECTION B: EXEMPTIONS

If facility indicated in Section A above (Facility) falls under one or more of these exemptions, please indicate all that apply:

<p>§441.10 (c) The 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.</p>	<p>§441.10 (d) The Facility is a mobile unit operated by a dental discharger</p>	<p>§441.10 (e) The Facility does not discharge any amalgam process wastewater to the City sewer system, but collect all dental amalgam process wastewater for transfer off-site to a facility that treats the waste (like a Centralized Waste Treatment Facility).</p>	<p>§441.10 (f) The Facility is a Dental Discharger that does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances¹, and I certify to City's Pretreatment Program (the Control Authority) that this facility is exempt from any further requirements of 40 CFR §441, other than this ONE-TIME COMPLIANCE REPORT.</p>
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¹ Limited emergency or unplanned, unanticipated circumstances equates to less than 5 (%) percent of this facility's business (for most facilities, 5 percent is equal to 9 or fewer amalgam removals per year on average).

These exemptions apply to the Facility:

- §441.10 (c)
 §441.10 (d)
 §441.10 (e)
 §441.10 (f)
- There are no exemptions that apply to my facility.

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.

Signature of Authorized Person

Date

Printed Name

Printed Title

If you have signed that you are exempt without further compliance requirements, you do not have to continue to the next Section.

SECTION C: DESCRIPTION OF DENTAL OFFICE PRACTICE

Description of the operations at the Facility:

Total number of chairs at which dental amalgam may be present in the resulting wastewater:

Description of any amalgam separator(s) or equivalent device(s) currently operated at the Facility:

Manufacture Name	Make	Model	Year Installed	Number of Chairs Served	Compliant ²
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

² Amalgam separator(s) or equivalent device(s) must be compliant with either the American National Standards (ANSI) American National Standard/American Dental Association (ADA) Specification 108 for Amalgam Separators (2009) with Technical Addendum (2011) or the International Organization for Standardization (ISO) 11143 Standard (2008) or subsequent versions so long as that version requires amalgam separators to achieve at least a 95% removal efficiency (requirements specified in §441.30 and §441.40).

SECTION D: MAINTENANCE AND OPERATION OF AMALGAM SEPARATOR(S) OR EQUIVALENT DEVICE(S)

Name and contact information of the third-party service provider that maintains the amalgam separator(s) or equivalent device(s) operated at the Facility (if applicable):

If a third-party service provider is not used, please give a brief description of the practices employed by the Facility to ensure proper operation and maintenance of the amalgam separator(s) or equivalent device(s) in accordance with §441.30 or §441.40:

Does the Facility use chemicals such as bleach, chlorine-containing cleaners, or compounds that promote the dissolution of amalgam to flush wastewater lines? Yes No

Does the Facility rinse or dispose of amalgam waste from chair-side traps, vacuum screens, and amalgam separator equipment in a sink, toilet, or other drain connected to the City sewer system? Yes No

Is the staff of the Facility trained on proper handling and disposal of amalgam wastes/materials? Yes No

Indicate how the amalgam wastes/materials are disposed:

Indicate how the amalgam removal device(s) are maintained:

Who is responsible for maintaining the amalgam removal device(s) at the Facility?

SECTION E: CERTIFICATION

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

I certify that the Facility is implementing Best Management Practices specified in §441.30 or §441.40 and will continue to do so, including the prohibition of the discharge of waste amalgam to the City sewer system; and the prohibition of the use of oxidizing and acidic cleaning products on plumbing fixtures and lines that convey amalgam wastes.

I certify that the Facility is implementing the recordkeeping requirements specified in §441.50 (summarized below) and will continue to do so.

- 1) Transfer of ownership notification. If the Facility transfers ownership of the facility, the new owner must submit a new ONE-TIME COMPLIANCE REPORT to the City’s Wastewater Pretreatment Program no later than 90 days after the transfer.
- 2) Retention period. As long as the Facility is in operation, or until ownership is transferred, the Facility or an agent or representative of the Facility must maintain the ONE-TIME COMPLIANCE REPORT and make it available for inspection in either physical or electronic form.
- 3) The Facility or an agent or representative of the Facility must maintain and make available for inspection in either physical or electronic form, for a minimum of three years the following:
 - a) Documentation of the date, person(s) conducting the inspection, and results of each inspection of the amalgam separator(s) or equivalent device(s), and a summary of follow-up actions, if needed.
 - b) Documentation of amalgam retaining container or equivalent container replacement (including the date, as applicable).
 - c) Documentation of all dates that collected dental amalgam is picked up or shipped for proper disposal in accordance with 40 CFR §261.5(g)(3), and the name of the permitted or licensed treatment, storage or disposal facility receiving the amalgam retaining containers.
 - d) Documentation of any repair or replacement of an amalgam separator or equivalent device, including the date, person(s) making the repair or replacement, and a description of the repair or replacement (including make and model).
- 4) The Facility or an agent or representative of the Facility must maintain and make available for inspection in either physical or electronic form the manufacturers operating manual for the current device(s).

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.

Signature of Authorized Person

Date

Printed Name

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