

ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS to Comply with 40 CFR 441.50 Effluent Limitations Guidelines and Standards for the Dental Office Category and the Central Valley Water Reclamation Facility Pretreatment Rule

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-referenced regulations. Should you have any questions please contact the Central Valley Water Reclamation Facility Pretreatment Department at **801-973-9100**.

Return this completed form to:

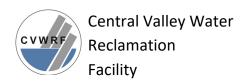
Central Valley Water Reclamation Facility, 800 West Central Valley Road, Salt Lake City, Utah 84119

Name of Facility

Phys	sical Address of Dental Facility						
Stree	et:						
				Ct. t		7.	
City				State:		Zip:	
Mail	ling Address						
Stree	et:						
City				State:		Zip:	
Facil	lity Contact						
	•						
Phor	ne:		Email:				
Nam	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						
	•	his 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						
1	circumstances.						
1	Complete section E only						



(Also, select if applicable) Transfer of Ownership (§ 441.50(a)(4))						
	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).					
Section	on A					
		f Facility				
Tota	Total number of chairs:					
			at which amalgam may be present in the			
	lting was oved):	stewater (.e., chairs where amalgam may be placed or			
		of any am	algam separator(s) or equivalent device(s) currently open	rated:		
	•					
YES			ity discharged amalgam process wastewater prior to July	y 14th, 2017	under	
		any own	ership.			
Sectio	on B					
		f Amalga	m Separator or Equivalent Device			
			y has installed one or more ISO 11143 (or ANSI/ADA 1		Chairs:	
	-	_	am separators (or equivalent devices) that captures all an	_		
	containing waste at the following number of chairs at which amalgam placement or					
	removal may occur: The dental facility installed prior to June 14, 2017 one or more existing amalgam Chairs:					
	separators that do not meet the requirements of § 441.30(a)(1)(i) and (ii) at the					
	following number of chairs at which amalgam placement or removal may occur:					
	I understand that such separators must be replaced with one or more amalgam separators (or					
	equivalent devices) that meet the requirements of § 441.30(a)(1) or § 441.30(a)(2), after their				ter their	
useful life has ended, and no later than June 14, 2027, whichever is sooner.						
Make		e	Model	Year of ins	ear of installation	



☐ 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

	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

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).

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.