



ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS
40 CFR Part 441 Effective Date: July 14, 2017
Effluent Limitations Guidelines and Standards for the Dental Category

General Information

| | | | |
|---|--|-------|--|
| Name of Facility: | | | |
| | | | |
| Physical Address: | | | |
| | | | |
| Mailing Address: | | | |
| | | | |
| Facility Contact Name and Title: | | | |
| | | | |
| Phone: | | Email | |
| Owner/ Operator(s) | | | |
| Facility Signatory Official (per 40 CFR Part 441.50(a)(2)) Name and Title | | | |
| | | | |
| Phone: | | Email | |

| Names of Licensed Dentists currently in this practice | |
|---|--|
| | |
| | |
| | |
| | |

Please select one of the following

| | |
|--------------------------|---|
| <input type="checkbox"/> | This practice is a dental discharger subject to this rule and does place and/or remove dental amalgam. <i>Complete sections A, B, C, D, E and F</i> |
| <input type="checkbox"/> | This practice is a dental discharger that <i>exclusively practices</i> one or more of the following dental specialties exempted in 40 CFR Part 441.10(c): oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics. <i>Complete section F only</i> |
| <input type="checkbox"/> | This practice is a dental discharger that <i>does not</i> place dental amalgam, and <i>does not</i> remove amalgam except in limited emergency or unplanned, unanticipated circumstances (per 40 CFR Part 441.10(f)) <i>Complete section F only</i> |
| <input type="checkbox"/> | This practice is a dental discharger that does not discharge dental amalgam wastewater to a Publicly Owned Treatment Works (POTW) because: <ul style="list-style-type: none"> <input type="checkbox"/> The practice discharges dental process wastewater to a septic tank <input type="checkbox"/> The practice collects dental process wastewater for transfer to a Centralized Waste Treatment Facility (CWT). <input type="checkbox"/> Other _____ <i>Complete section F only</i> |

Section A

Description of Facility

| | |
|--|--|
| Total number of chairs: | |
| Total number of chairs at which amalgam placement or removal occurs: | |
| Narrative description (<i>optional</i>) | |
| | |

Section B

Description of Amalgam Separator or Equivalent Device

| | | | | | |
|--------------------------|--|-------|--|----------------------|----------------------|
| <input type="checkbox"/> | My facility has installed one or more ISO 11143 compliant amalgam separators (or equivalent devices) since June 14, 2017 that captures all amalgam containing waste from the above identified chairs (in Section A) where amalgam is placed or removed. | | | | |
| <input type="checkbox"/> | My facility has one or more <i>existing</i> amalgam separators installed prior to June 14, 2017 that capture amalgam containing waste from the above identified chairs (in Section A) where amalgam is placed or removed. I understand that the separator(s) must be replaced with one or more ISO 11143 compliant amalgam separators (or equivalent devices), after its lifetime has ended, and no later than June 14, 2027 . | | | | |
| | Make | Model | Serial Number | Year of installation | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| <input type="checkbox"/> | My facility operates an equivalent device. | | | | |
| | Make | Model | Average removal efficiency of equivalent device, as determined per 40 CFR 441.30(a)(2) (i- iii). | Serial Number | Year of installation |
| | | | | | |
| | | | | | |
| | | | | | |

Section C

Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

Please select and complete one of the following:

| | |
|--|--|
| <input type="checkbox"/> | The amalgam separator (or equivalent device) is designed and is operated and maintained to meet the requirements in §441.30 or 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. |
| Provide name & address of service provider: | |
| <input type="checkbox"/> | The amalgam separator (or equivalent device) is operated and maintained by the dental facility staff to meet the requirements in 40 CFR Part 441.30 or Part 441.40. |
| Provide a description of the practices employed by the dental facility to ensure the proper operation and maintenance in accordance with 40 CFR Part 441.30 or 441.40: | |

Section D

Best Management Practices (BMP) Certifications

| |
|--|
| <p>The above named dental discharger is implementing the following BMPs as specified in 40 CFR Part 441.30(b) or 40 CFR Part 441.40(b) 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, is not 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 POTW must not be cleaned with oxidizing or acidic cleaners that may increase the leaching of solid mercury. Prohibited cleaners include but are not limited to: bleach, chlorine, iodine and peroxide that have a pH lower than 6.0 or greater than 8.0. |
|--|

Section E

Recordkeeping and Record Retention

| | |
|--------------------------|---|
| <input type="checkbox"/> | I have read and understand the Recordkeeping and Record Retention requirements for dental dischargers in 40 CFR Pat 441.50 (a) and (b). |
|--------------------------|---|

Section F

Certification Statement

This form must be signed by an authorized representative at the level of a responsible corporate officer, a general partner or proprietor, or a duly authorized representative for the overall operation of the practice in accordance with Federal requirements of 40 CFR 403.12(l) and the City of Raleigh Sewer Use Ordinance.

| | |
|--|-------------|
| <i>"I am a duly authorized signatory official 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> | |
| _____ | |
| Authorized Signatory Official Name (print) | |
| Signature: _____ | Date: _____ |
| Authorized Signatory Official Signature and Date | |

ONE-TIME COMPLIANCE REPORT DEADLINES:

- For "existing source" dental practice (began discharge to POTW prior to July 14, 2017):
 - No amalgam separator DEADLINE: October 12, 2020.
 - With ISO amalgam separator DEADLINE: October 12, 2020.
 - With non-ISO amalgam separator DEADLINE: Install new ISO separator by July 14, 2027 or within 10 days of separator no longer effective and submit One-Time Compliance Report by October 12, 2020.
- For "new source" dental practice (first discharge to POTW occurs after July 14, 2017):
 - DEADLINE: No later than 90 days following introduction of wastewater into a POTW.
- For "transfer of ownership":
 - DEADLINE: New owner must submit report no later than 90 days after transfer.

SUBMIT REPORT TO:

City of Raleigh Public Utilities
Attn: Industrial Pretreatment Program
8500 Battle Bridge Rd.
Raleigh, North Carolina 27610

CONTACT INFORMATION:

Industrial Pretreatment Coordinator
Office: 919-996-3700