



PERMIT APPLICATION FOR DENTAL DISCHARGERS (COMPLIANCE REPORT)

To Comply with 40 CFR 441.50
Effluent Limitations Guidelines and Standards for the Dental Office Category

Dental Facility Name: _____

Mailing Address: _____

Dental Facility Premise Address: _____

Facility Contact:

Name: _____ Phone: _____

E-mail address: _____

Names of Owner(s): _____

Names of person(s) responsible for Amalgam Separator operation and maintenance:

Office Hours: _____

This facility is a dental discharger subject to this rule (40 CFR Part 441) and it places or removes dental amalgam.

Yes ___ No ___ If yes, complete Sections A, B, C, D and E.

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.

Yes ___ No ___ If yes, complete Section E only.

This facility discharges to a septic system and is not connected to public sewer.

Yes ___ No ___ If yes, please name the septic hauler contracted to empty tank contents:

Transfer of Ownership (40 CFR 441.50(a) (4))

This facility is a dental discharger subject to this rule (40 CFR Part 441), and it has previously submitted a Compliance Report. This facility is submitting a new Compliance Report because of a transfer of ownership as required by 40 CFR 441.50(a) (4).

Yes ____ No ____

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): ____

This facility discharged amalgam process wastewater prior to July 14th, 2017, under any ownership:

Yes ____ No ____

SECTION B: Description of Amalgam Separator or Equivalent Device

This dental facility has installed one or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separator (or equivalent device(s)) that captures all amalgam containing waste at the following number of chairs at which amalgam placement or removal may occur:

Number of Chairs: ____

This dental facility installed prior to June 14, 2017, one or more existing amalgam 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:

Number of Chairs: ____

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 useful life has ended, and no later than June 14, 2027, whichever is sooner.

Yes ____

List all installed amalgam separators below:

<u>Make</u>	<u>Model</u>	<u>Year of Installation</u>

SECTION C: Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in 40 CFR 441.30 or 441.40.

Yes ____

I certify that I will visually inspect the amalgam separator in accordance with the manufacturer's operation manual to ensure proper operation and maintenance, including confirmation that amalgam process wastewater is flowing through the amalgam separating portion of the device(s). In addition, I will maintain a log of any inspections conducted. The frequency of inspections is typically once per week but may differ depending on the type of separator installed.

Yes ____

I certify that I will replace the amalgam retaining device as specified in the manufacturer's operating manual, or when the collecting container has reached the maximum filling level, as specified by the manufacturer in the operating manual, at which the amalgam separator can perform the specified efficiency, whichever comes first.

Yes ____

Maintenance is performed by onsite personnel listed on page 1:

Yes ____ No ____

If yes, describe operation and maintenance procedures:

A third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with 40 CFR 441.30 or 441.40.

Yes ____ No ____

If yes, provide the name, address, phone number and contact of third-party service provider that maintains the amalgam separator or equivalent device:

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.

Yes ____ No ____

Waste amalgam including, but not limited to, dental amalgam for chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, must not be discharged to the publicly owned treatment works that discharges to Upper Blackstone's treatment plant.

Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a publicly owned treatment works that discharges to Upper Blackstone's treatment plant 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

The 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 40 CFR 403.12(l)

“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:

Signature

Print Name

Email Address

Phone Number

Date: _____

Retention Period; per 441.50(a)(5)

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 facility must maintain this Compliance Report and make it available for inspection in either physical or electronic form.

PLEASE SUBMIT THIS FORM TO:

Upper Blackstone Clean Water
50 Route 20
Millbury, MA 01527

ATTN: Pretreatment Department

or pretreatment@ubcleanwater.org

Thank you