

# DENTAL DISCHARGER ONE-TIME COMPLIANCE REPORT



Dental Dischargers that have been in business at the current address starting on or before July 14, 2017 are considered an Existing Source Dental Discharger (40 CFR 441.30) and must submit this one-time Compliance Report to the LOTT Clean Water Alliance on or before October 12, 2020.

Dental Dischargers whose first discharge to the sewer system occurs after July 14, 2017 are considered a New Source Dental Discharger (40 CFR 441.40) and must submit this one-time Compliance Report to the LOTT Clean Water Alliance no later than 90 days following the introduction of wastewater into the sewer system.

## SECTION A: FACILITY INFORMATION

Facility Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name(s) Of Operator and/or Owner: \_\_\_\_\_

Name(s) Of Authorized Signature Authority: \_\_\_\_\_

Date Established At This Location: \_\_\_\_\_

<sup>1</sup> Authorized Signatory Authority is defined as: 1) if the facility is a corporation, the president, secretary, treasurer, or a vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or their designee; or the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions, which govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures, or their designee; 2) if the facility is a partnership or sole proprietorship, an Authorized Signatory Authority is defined as the general partner or proprietor, or their designee; or 3) if the facility is a Federal, State, or local governmental facility, an Authorized Signatory Authority is defined as a director or highest official appointed or designated to oversee the operation and performance of the activities of the government facility, or their designee.

## SECTION B: EXEMPTIONS

IF YOUR FACILITY DOES NOT PLACE DENTAL AMALGAM, OR REMOVE AMALGAM, EXCEPT IN LIMITED EMERGENCY OR UNPLANNED/UNANTICIPATED CIRCUMSTANCES<sup>2</sup>, SKIP TO SECTION F, CERTIFY AND RETURN.

<sup>2</sup> Removal of dental amalgam at a frequency of less than 5% of a facility's normal procedures is considered limited circumstances. Facilities that stock amalgam capsules are not exempt as the facility clearly expects to place amalgam.

**SECTION C: DESCRIPTION OF DENTAL OFFICE PRACTICE**

MARK ALL DESCRIPTIONS THAT APPLY.

<input type="checkbox"/> General Dentistry	<input type="checkbox"/> Oral Medicine	<input type="checkbox"/> Pediatric Dentist/Pedodontist
<input type="checkbox"/> Dental Public Health Clinic	<input type="checkbox"/> Oral Pathologist	<input type="checkbox"/> Periodontist
<input type="checkbox"/> Endodontist	<input type="checkbox"/> Oral and Maxillofacial Surgeon	<input type="checkbox"/> Prosthodontist
<input type="checkbox"/> Oral/Maxillofacial Radiologist	<input type="checkbox"/> Orthodontist	
<input type="checkbox"/> Other: _____		
Total number of chairs: _____		
Total number of chairs at which dental amalgam may be present in the resulting wastewater: _____		

**SECTION D: MERCURY AMALGAM SEPARATOR INFORMATION**

DESCRIPTION OF ANY AMALGAM SEPARATOR(S) OR EQUIVALENT DEVICE(S) CURRENTLY OPERATED ON-SITE.

Total number of amalgam separators or equivalent devices on-site: \_\_\_\_\_

DEVICE	MAKE	MODEL NUMBER	YEAR INSTALLED	ANSI OR ISO COMPLIANT <sup>3</sup>
1				
2				
3				
4				
5				
6				

IF FACILITY HAS MORE THAN 6 AMALGAM SEPARATOR(S) OR EQUIVALENT DEVICE(S), ATTACH AN ADDITIONAL INFORMATION SHEET.

<sup>3</sup> Compliant with either the American National Standards Institute (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.

SECTION E: MERCURY AMALGAM SEPARATOR MAINTENANCE

NAME OF THE THIRD-PARTY SERVICE PROVIDER THAT MAINTAINS THE AMALGAM SEPARATOR(S) OR EQUIVALENT DEVICE(S) OPERATED AT THE DENTAL OFFICE (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. ATTACH ADDITIONAL INFORMATION SHEET IF NECESSARY.

SECTION F: CERTIFICATION

CHECK ONE BOX ONLY

- I certify that the facility identified in Section A is exempt as indicated in Section B.

OR

- 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 40 CFR 441.30 or 441.40, and that the facility identified in Section A is implementing Best Management Practices specified in 441.30 (b) or 441.40 (b) and will continue to do so.

SIGN AND DATE

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: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

**Send completed reports to:** LOTT Clean Water Alliance  
Environmental Compliance Department  
500 Adams Street NE  
Olympia, WA 98501-6911