

**CITY OF LOUISVILLE
INDUSTRIAL PRETREATMENT PROGRAM**

**ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS
To comply with 40 CFR 441.50
Effluent Limitations Guidelines and Standards for the Dental Office Category**

Instructions:

All dental facilities are **REQUIRED** to complete this form to meet the required minimum obligation for compliance with the Code of Federal Regulation’s “Effluent Limitation Guidelines and Standards for the Dental Office Category”, directed by the Environmental Protection Agency (EPA). This one-time compliance is mandatory.

Note to dental facilities: For more information on the Dental Effluent Guidelines; please see the Federal Code of Regulations 40 CFR Part 441.50, or please visit the EPA website at: <https://www.epa.gov/eg/dental-effluent-guidelines>.

General Information

Name of Facility					
Physical Address of Dental Facility					
City:		State:		Zip:	
Mailing Address					
City:		State:		Zip:	
Facility Contact					
Phone:		Email:			
Names of Owner(s):					
Names of Operator(s) if different from Owner(s):					

Section A

Description of Facility

Form of Dentistry Practiced: Please Select All That Apply			
<input type="checkbox"/> General Dentistry	<input type="checkbox"/> Pediatric Dentistry	<input type="checkbox"/> Dental Hygiene	<input type="checkbox"/> Endodontics
<input type="checkbox"/> Oral Pathology	<input type="checkbox"/> Orthodontics	<input type="checkbox"/> Periodontics	<input type="checkbox"/> Prosthodontics
<input type="checkbox"/> Oral and Maxillofacial Surgery		<input type="checkbox"/> Oral and Maxillofacial Radiology	
<input type="checkbox"/> Other (describe):			
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):			

Applicability: Please Select One of the Following

<input type="checkbox"/>	This facility is a dental discharger subject to this rule (40 CFR Part 441) and it places, replaces, or removes dental amalgam . <i>Complete sections A, B, C, D, and E</i>
<input type="checkbox"/>	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. <i>Complete section E only</i>
(Also, select if applicable) Transfer of Ownership (§ 441.50(a)(4))	
<input type="checkbox"/>	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 B

Description of Amalgam Separator or Equivalent Device Currently Operated

YES <input type="checkbox"/> NO <input type="checkbox"/>	The dental facility has installed one or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators (or equivalent devices) that captures all amalgam containing waste.
YES <input type="checkbox"/> NO <input type="checkbox"/>	The 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) .
YES <input type="checkbox"/> NO <input type="checkbox"/>	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.

Description of Existing Amalgam Separator(s)

This dental facility operates ISO-11143 (or ANSI/DA 108-2009) certified separator(s):			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Make	Model	Year of installation	Number of chairs services by this separator	
Note: Add more lines if necessary and attach to this form.				

This dental facility operates equivalent device(s):				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Make	Model	Year of installation	Average removal efficiency of equivalent device, as determined per § 441.30(a)(2)i- iii.	Number of chairs services by this separator	
Note: Add more lines if necessary and attach to this form.					

The dental facility operates one or more existing amalgam separators that do not meet the requirements of § 441.30(a)(1)(i) and (ii)			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Make	Model	Year of installation	Number of chairs services by this separator	
Note: Add more lines if necessary and attach to this form.				

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

<input type="checkbox"/> 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 .
<input type="checkbox"/> YES	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 .
Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):	
If no service provide is used, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40 .	
<i>Describe practices:</i>	

Section D
Best Management Practices (BMP) Certifications

<input type="checkbox"/> YES	<p>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.</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, 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).
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**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\(l\)](#).

"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."

I further certify, if applicable, that the amalgam separator or equivalent amalgam removal device will be operated and maintained to meet the requirements specified in Section C above, and that the BMPs will be implemented at all times.

I understand that:

- The Pretreatment Program may require reports and other information, and may conduct random unannounced inspections, to verify compliance.
- The Pretreatment Program must be informed of any remodeling, additions, or alterations at this facility that could result in amalgam, or an increase in amalgam, being discharged to the sewer.
- The Pretreatment Program must be notified of any change to the "Duly Authorized Representative" or change in the trade name under which the business is operated within 10 business days of the change.

Authorized Representative Name (<i>print name</i>):			
Phone:		Email:	
<i>Authorized Representative Signature</i>		<i>Date</i>	

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