



PLEASE SEND COMPLETED FORM TO:

Inland Empire Utilities Agency

P.O Box 9020

Chino Hills, CA 91709

ATTENTION: PRETREATMENT DEPARTMENT

Or email to SMR@ieu.org

ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS

Dental Office Point Source Category (40 CFR 441)

(Please type or print)

Section A: General Information:

FOR OFFICE USE ONLY:
Facility I.D.: _____

Name of Practice: _____
(INDIVIDUAL OR LEGAL COMPANY NAME)
Tel: (_____) _____
Fax: (_____) _____

Physical Address: _____
(STREET) _____ (CITY) _____ (STATE) _____ (ZIP CODE)

Mailing Address:
(If different from address above) _____
(STREET) _____ (CITY) _____ (STATE) _____ (ZIP CODE)

Facility Contact Person: _____
(INDIVIDUAL'S NAME)

Title: _____

E-mail: _____

Name(s) of responsible party or owner(s): _____
(if owner is responsible party) _____ (INDIVIDUAL'S NAME) _____ (Title)

Address of responsible party or owner(s): _____
(if owner is responsible party) _____ (STREET) _____ (CITY) _____ (STATE) _____ (ZIP CODE)

Section B: Applicability (Please select one of the following)

<input type="checkbox"/>	This dental practice places or removes dental amalgam and discharges wastewater to the sewer. <i>If this selection is made, complete Sections C, D, E and F. For more information refer to 40 CFR 441 available at https://www.ecfr.gov/cgi-bin/text-idx?mc=true&node=pt40.32.441&rgn=div5</i>
<input type="checkbox"/>	This dental practice does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. <i>If this selection is made, complete Section F only.</i>

Section C: Description of Facility

1. Wastewater discharge to the sewer commenced **before / on / after** (circle one) July 14, 2017.

(Note: If the discharge commenced after July 14, 2017, this certification form is due within 30 days of the commencement.)

2. Total number of chairs: _____

3. Total number of chairs at which dental amalgam may be present in the resulting wastewater: _____

4. Narrative description of practices performed at the facility (optional):

Section D: Description of Amalgam separator(s) or equivalent device(s)

1. Complete all applicable subsections below for all existing amalgam separator(s) or equivalent device(s) that are currently operated for chairs at which dental amalgam may be present in the resulting wastewater (must check at least one of the three boxes below):

One or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators (or equivalent devices) that captures all amalgam containing waste from the above identified chairs in Section A where amalgam is placed or removed has/have been installed at the facility.

One or more existing amalgam separators has/have been installed at the facility prior to June 14, 2017, at the following number of chairs [_____] at which amalgam placement or removal occurs. I understand that it/they must be replaced with one or more ISO 11143 (or ANSI/ADA on 108-2009) compliant amalgam separators (or equivalent devices), after its/their lifetime has/have ended, and no later than June 14, 2027.

Make	Model	Year of Installation	Comment (optional)

One or more equivalent amalgam removal devices has/have been installed at the facility.

Make	Model	Year of Installation	Average removal efficiency of equivalent device, as determined per 40 CFR 441.30(a)(2)i-iii

2. The name of the third-party service provider that maintains the amalgam separator(s) or equivalent device(s) operated at the dental office to ensure proper operation and maintenance in accordance with §441.30 or §441.40:

3. If there is no third-party service provider that maintains the amalgam separator(s) or equivalent device(s) operated at the dental office, please provide a brief description of the practices employed by the facility to ensure proper operation and maintenance in accordance with §441.30 or §441.40.

Section E: Best Management Practices (BMP) certifications

- I hereby certify that the above amalgam separator(s) or equivalent device(s) is/are designed and will be operated and maintained to meet the requirements specified in §441.30 or §441.40.*
- I hereby certify that the dental discharger is implementing the following Best Management Practices specified in §441.30(b) or §441.40(b) and will continue to do so.*
 - (1) *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 the sewer.*
 - (2) *Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to the sewer 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.*

Section F: Certification Statement

I, _____, am a duly authorized representative 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.

Date: _____

Signature of authorized company official: _____

(AUTHORIZED COMPANY OFFICIAL)

Print name of official: _____
(PLEASE PRINT)

Title of authorized company official: _____

“Authorized company official” means:

1. For a partnership: a general partner.
2. For a sole proprietorship: the proprietor.
3. For a corporation: a president, secretary, treasurer, or 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 the manager of one or more manufacturing, production, or operation 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.

4. A duly authorized official of one of the individuals described above may substitute if:
 - a. The authorization is made in writing by one of the individuals described above;
 - b. The authorization specifies either an individual or a position having responsibility for the overall operation of the permittee's facility, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and
 - c. The written authorization is submitted to the Inland Empire Utilities Agency.

Section G: Retention Period (§441.30(a)(5))

As long as a dental facility is 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.