

One-Time Compliance Report for Dental Dischargers (Required By 40 CFR-Part 441)

FACILITY NAME: _____

FACILITY ADDRESS: _____

OWNER'S NAME: _____ TITLE: _____

MAILING ADDRESS, IF DIFFERENT: _____

PHONE #: _____ EMAIL: _____

OPERATOR OR CONTACT NAME, IF DIFFERENT: _____

PHONE #: _____ EMAIL: _____

CRITERIA FOR AN EXEMPTION (check which apply)

- Exclusively practice one or more: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.
- Only operate a mobile dentistry unit.
- Do not discharge any amalgam process wastewater (APWW) to the sewer. The office is not connected to the sewer system, or all APWW is collected and transferred to _____, a Centralized Waste Treatment Facility.
- Do not place or remove amalgam except in limited emergency, unanticipated or unplanned circumstances.

INFORMATION REQUIRED IF NOT CLAIMING AN EXEMPTION

NUMBER OF CHAIRS: _____ NUMBER OF CHAIRS WHERE DENTAL AMALGAM MAY BE GENERATED: _____

Name of Third-Party Maintenance Provider: _____ OR

DESCRIBE MAINTENANCE PRACTICES TO ENSURE PROPER OPERATION OF DEVICE: _____

(If you have more than one type, please list the following information for each device on an attachment.)

- IF AN AMALGAM SEPARATOR IS USED, COMPLETE THE FOLLOWING:

TYPE OF AMALGAM SEPARATOR: _____

MAKE: _____ MODEL: _____ YEAR INSTALLED: _____

- IF AN AMALGAM REMOVAL DEVICE IS USED (NOT A SEPARATOR), COMPLETE THE FOLLOWING:

TYPE OF DEVICE: _____

MAKE: _____ MODEL: _____ YEAR INSTALLED: _____

- Attached is documentation that the device meets Part 441.30(2) (i), (ii) and (iii).

The manufacturer's operation manual is onsite and provides instruction for use including the frequency for inspection and collection container replacement such that the unit is replaced once it has reached the maximum filling level at which the device can perform to the specified efficiency.

The device is being inspected in accordance with the operation manual, including confirmation that amalgam process wastewater is flowing through the amalgam separating portion of the device.

In the event that the device is not functioning properly, it will be repaired or replaced with a unit that meets the requirements of paragraphs 441.30(a) (2) (i) through (iii) as soon as possible, but no later than 10 business days after the malfunction is discovered.

The amalgam retaining unit(s) will be replaced as specified in the manufacturer's operating manual, or when the collecting container has reached the maximum filling level, as specified in the operation manual, at which the device can perform to the specified efficiency, whichever comes first.

BE ADVISED, you are required to implement Best Management Practices as follows:

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 S.U.

BE ADVISED, you are required to keep the following records, and make them available for inspection:

1. While in operation or until ownership is transferred, a copy of this One-Time Compliance Report.
2. The date and person conducting the inspection and the results of each inspection of the amalgam separator(s) or equivalent device(s), and a summary of follow-up action, if needed.
3. Date of retaining or equivalent container replacement.
4. Dates that collected amalgam was picked up or shipped for proper disposal in accordance with 40 CFR 261.5(g)(3), and the name of the permitted or licensed treatment, storage or disposal facility.
5. Documentation of any repair or replacement of an amalgam separator or equivalent device, including the date, person making the repair or replacement, and a description of the work performed (including make and model).

CERTIFICATION STATEMENT

The following certification must be signed by either a responsible corporate officer, a general partner, proprietor or a duly authorized representative in accordance with 40 CFR 403.12(1).

I hereby certify that the above dentistry is exempt based on one of the above criteria for exemption, OR

I hereby certify that the amalgam separator(s) or equivalent device(s) listed above and on the attachment is designed and will be operated and maintained to meet the requirements specified in §441.30 or §441.40, and that Best Management Practices in §441.30 or §441.40 have been implemented and will be followed.

NAME: _____ TITLE: _____ DATE: _____

Please return this completed form to the: Industrial Pretreatment Section, 332 Falkenburg Rd., Tampa, FL 33619 or via email to , IPP@hillsboroughcounty.org.