

**COMPLIANCE STATEMENT FOR DENTAL OFFICE WASTEWATER DISCHARGERS
to Comply with 40 CFR 441.50 – Dental Amalgam
Effluent Limitations Guidelines and Standards for the Dental Office Category**

Instructions: please complete this form as directed below and return to HTMA in the envelope provided.

The following survey form contains the minimum information affected dental facilities must submit to make a “one-time” compliance certification with the Effluent Limitations Guidelines and Standards for the Dental Office Category (aka, the “Dental Amalgam Rule”). It also provides information necessary to determine the applicability of the Rule and current status of dental offices serviced by HTMA. To determine applicability to your facility, and compliance with dental amalgam management requirements, see the EPA-Fact Sheet with FAQs and pertinent web-links included with this form for more information.

Existing dental practices, those discharging to the HTMA prior to July 14, 2017, must implement use of compliant amalgam separator technology and required practices no later than June 14, 2020. New Sources, facilities commencing discharge after July 14, 2017, or where transfer of ownership has occurred, must comply with the standards immediately and report within 90 days. Please note, the use of existing amalgam separator equipment, below the new standard, may be “grand-fathered” for continued use until June 14, 2027 provided certain conditions are met. Please refer to the information resources mentioned above.

General Information

Name of Facility:				
Service start date after July 14, 2017? (circle selection)			YES	NO
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 - 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 or removes dental amalgam. <i>Complete sections B, C, D, and E as applicable.</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>
<input type="checkbox"/>	This facility is a dental discharger exclusively performing exempted specialty services and is <u>not</u> subject to any requirements under the Rule. <i>Complete section E only.</i>
	(Also, select if applicable) Transfer of Ownership
<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) . <i>Complete sections B, C, D, and E.</i>

Section B - Description of Amalgam Separator or Equivalent Device - (check boxes if applicable)

<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 at the following number of chairs at which amalgam placement or removal may occur:	Chairs:	
<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) at the following number of chairs at which amalgam placement or removal may occur: 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.	Chairs:	
	Make	Model	Year of installation
<input type="checkbox"/>	My facility operates an equivalent device.		
	Make	Model	Year of installation Average removal efficiency of equivalent device, as determined per § 441.30(a)(2)i- iii.

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 .	
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 .			
<input type="checkbox"/>	YES	Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):	
<input type="checkbox"/>	NO	If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40 .	
Describe practices:			

Describe practices (cont.):

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.
- 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).

Section E - Certification Statement

This Compliance Statement/ Survey 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."

Authorized Representative Name (print name):			
Phone:		Email:	
Authorized Representative Signature		Date	

Retention Period; per [§ 441.50\(a\)\(5\)](#) (for affected facilities making their "one-time" Compliance Report)

As long as a Dental facility subject to this Rule is in operation, or until ownership is transferred, the Dental facility, or an agent or representative of the dental facility, must maintain a copy of this Compliance Report and make it available for inspection in either physical or electronic form.

Please copy for your records