

# WACO METROPOLITAN AREA REGIONAL SEWERAGE SYSTEM (WMARSS)

P.O. Box 2570, Waco, Texas 76702-2570  
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## Dentist Office Wastewater Survey

Federal regulations [40 CFR 403.8(f) (2) (i)] require the City of Waco to identify and locate all possible Users that might be subject to the federally mandated Industrial Pretreatment Program. This request for information is made in accordance with the Chapter 26 Division 2 of the City of Waco Code of Ordinances and Federal regulations [40 CFR 403.8(f)(2)(i)] which require Control Authorities to identify and locate all Users that might be subject to the pretreatment program. Please take a few minutes and complete this survey as accurately as possible and return it to the address below. Use additional paper if more room is needed. Thank you for your time and please contact the Pretreatment Team should you have any questions.

Company and/or Dentist name: \_\_\_\_\_

Physical address: \_\_\_\_\_ City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary contact for this Dentist Office and title: \_\_\_\_\_

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

Date operations started at present site: \_\_\_\_\_

Estimated daily water usage in gallons (from past 12 month's water bill): \_\_\_\_\_

Number of employees: \_\_\_\_\_ Days of operation: \_\_\_\_\_

1) Are old amalgams removed at this facility? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, how many per week? \_\_\_\_\_

2) Are new amalgams installed at this facility? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, how many per week? \_\_\_\_\_

3) Does this facility use an amalgam trap? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what type? \_\_\_\_\_

4) Does this facility use an amalgam separator? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what type? \_\_\_\_\_

5) What does this facility do with waste amalgam?

6) Does this facility have X-Ray unit/s that produce photographic or X-Ray fixer waste?

YES\_\_\_\_\_ NO\_\_\_\_\_ If YES, how many? \_\_\_\_\_

7) Does this facility have a silver recovery unit installed to treat photographic or X-Ray fixer waste?

YES\_\_\_\_\_ NO\_\_\_\_\_ If YES, how is this waste disposed? Please provide the name/s of any waste service provider/s used to dispose of this waste, if applicable.

8) Does this facility generate medical waste? YES\_\_\_\_\_ NO\_\_\_\_\_

If YES, how is this waste disposed?

9) Please provide the City Water Account number/s associated with this business:

Name of person completing survey (please print):\_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

*A City representative may contact the company for additional information if necessary. Failure to respond to this survey may subject the company to an inspection by a City representative to determine compliance with the federal regulations, which require the City to conduct these surveys.*

Completed surveys may be submitted by mail, fax, or email to:

**Industrial Pretreatment Team  
City of Waco  
P.O. Box 2570  
Waco, Texas 76702-2570 Fax:  
(254) 299-2453  
Email: [Christinab@wacotx.gov](mailto:Christinab@wacotx.gov)  
Phone: (254) 299-2445**