



Water Utility Services
PO Box 2570
Waco, Texas 76702-2570

T: (254) 299-2489
waco-texas.com

One-Time Compliance Report for Dental Dischargers

General Information

Name of Practice: _____

Physical Address: _____

Mailing Address: _____

Date of Ownership: _____ Commencement of Operation: _____

Facility Contact: _____

Phone: _____ Email: _____

Owner: _____

Operator(s): _____

Please select one of the following:

This practice is a dental discharger subject to the 40 CFR Part 441 rule as it places or removes dental amalgam. Complete sections A, B, C, D, and E.

This practice is a dental discharger subject to the 40 CFR Part 41 rule and does not place and does not remove dental amalgam except in limited emergencies or unplanned, unanticipated circumstances.

Section A - Description of facility

Total number of chairs: _____

Number of chairs where amalgam placement or removal occurs: _____

Section B - Description of amalgam separator or equivalent device

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 from the chairs identified in Section A where amalgam is placed or removed.

My facility has one or more existing amalgam separators installed prior to June 14, 2017, that captures amalgam containing waste from the chairs identified in Section A where amalgam is placed or removed. I understand that it must be replaced with one or more ISO 11143 compliant amalgam separators (or equivalent devices) within 10 business days, after its lifetime has ended, and no later than June 14, 2027.



Water Utility Services
PO Box 2570
Waco, Texas 76702-2570

T: (254) 299-2489
waco-texas.com

Section B continued

Make	Model	Year of Installation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My facility operates an equivalent device.

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

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

The amalgam separator (or equivalent device) is designed and is operated and maintained to meet the requirements in § 441.30 or § 441.40.

An operation manual is available for the device/s.

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.

Yes Name of service provider: _____

No Provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40.



Water Utility Services
PO Box 2570
Waco, Texas 76702-2570

T: (254) 299-2489
waco-texas.com

Section D – BMP Certifications

The above-named dental discharger is implementing the following BMPs as specified in § 441.30(b) or § 441.40(b) 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, is not 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 POTW must not be cleaned with oxidizing or acidic cleaners that may increase the leaching of solid mercury.
- Maintain onsite and make readily available for inspection: manuals, records of BMPs, service activities, and certification reports (etc.).

Section E – 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 ensure 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 Signatory Representative Name: _____

Signature: _____

Date: _____