



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

<input type="checkbox"/>	This practice is a dental discharger subject to this rule as it places or removes dental amalgam. Complete sections A, B, C, D, and E
<input type="checkbox"/>	This practice is a dental discharger subject to this rule and does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. <i>Complete sections E only</i>

Section A

Description of facility

Total number of chairs:	
Total number of chairs at which amalgam placement or removal occurs:	
Narrative description:	

Section B

Description of amalgam separator or equivalent device

My facility has installed one or more ISO 11143 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.			
My facility has one or more existing amalgam separators installed prior to June 14, 2017 at the following number of chairs at which amalgam placement or removal occurs. 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 .			
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

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

Section D

BMP Certifications

	<p>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.</p> <ul style="list-style-type: none">• 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.).
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Section E

Certification Statement

<p><i>"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</i></p>	
Authorized Signatory Representative Name:	
<i>Authorized Signatory Representative Signature</i>	<i>Date</i>

**Please return this form to:
City of Waco
Pretreatment Team
PO Box 2570
Waco, Texas 76702**

Questions: Call 254-299-2450