

**WACO METROPOLITAN AREA REGIONAL SEWERAGE SYSTEM (WMARSS)**

Cities of: ♦ Bellmead ♦ Hewitt ♦ Lacy Lakeview ♦ Lorena ♦ Robinson ♦ Waco ♦ Woodway

**Dental Wastewater Survey**

The City of Waco Code of Ordinances (Chapter 26 Division 2) and Federal regulations [40 CFR 403.8(f)(2)(i)] 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 WMARSS. 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 months water bill): \_\_\_\_\_  
Number of employees: \_\_\_\_\_ Days of operation: \_\_\_\_\_  
Number of dental chairs: \_\_\_\_\_ NAICS Code # \_\_\_\_\_

- 1) Are amalgams removed at this facility? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, at what frequency? \_\_\_\_\_
  
- 2) Are amalgams installed at this facility? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, at what frequency? \_\_\_\_\_
  
- 3) Does this facility use an chairside amalgam trap? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, describe the type, removal efficiency, routine inspection and maintenance:  
\_\_\_\_\_  
\_\_\_\_\_
  
- 4) Does this facility use an amalgam separator? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, describe the type, removal efficiency, routine inspection and maintenance:  
\_\_\_\_\_  
\_\_\_\_\_
  
- 5) How does this facility dispose of 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?  
\_\_\_\_\_  
\_\_\_\_\_
  
- 8) Does this facility generate medical waste? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, how is this waste disposed?  
\_\_\_\_\_  
\_\_\_\_\_

9) Please provide the name/s of any waste service provider/s used to dispose of this waste, if applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

11) Has this company and/or dentist been notified of the proposed EPA Dental Categorical Industrial User (DIU) pretreatment standards?

YES \_\_\_\_\_ NO \_\_\_\_\_

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

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

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

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

*Please be advised that a City representative may conduct a follow up inspection and/or contact the addressed recipient for information.*

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

**Mistie Gonzales, Pretreatment Coordinator**  
**WMARSS**  
**P.O. Box 2570**  
**Waco, Texas 76702-2570**  
**Fax: (254) 299-2453**  
**Email: [Christinab@ci.waco.tx.us](mailto:Christinab@ci.waco.tx.us)**  
**Phone: Christina Burleson: 254-299-2445 or**  
**Mistie Gonzales: 254-299-2446**