

ONE-TIME COMPLIANCE REPORT: DENTAL DISCHARGE PROGRAM

For dental dischargers to comply with 40 CFR 441

General Information

Name of Facility: _____

Physical Address of Dental Facility: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Facility Contact: _____

Phone: _____ Email: _____

Name of Owner(s): _____

Name of Operator(s) if different from Owner(s): _____

Applicability: Please Select One of the Following

This facility is a dental discharger subject to this rule ([40 CFR Part 441](#)) and it places or removes dental amalgam.
Complete sections A, B, C, D, and E

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 (according to the rule this means that, on average, less than 5% of the removal procedures involve dental amalgam, and that the business does not stock amalgam capsules or accept new patients with amalgam fillings).
Complete section E only

This dental business is a mobile unit or exclusively practices one or more: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.
Complete section E only

(Also, select if applicable) Transfer of Ownership ([§ 441.50\(a\)\(4\)](#))

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\(a\)\(4\)](#).
Complete sections A, B, C, D, and E



Water Resources Department - Environmental Compliance Division

1650 3rd Ave. N, St. Petersburg, FL 33713

727-892-5622

stpete.org/water/environmental_compliance

Rev. 9/2019

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Section A Description of Facility

Total number of chairs: _____

Total number of chairs at which amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed): _____

Description of any amalgam separator(s) or equivalent device(s) currently operated:

YES NO The facility discharged amalgam process wastewater prior to July 14th, 2017 under any ownership.

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 at the following number of chairs at which amalgam placement or removal may occur:

Chairs:

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 |
|------|-------|----------------------|
| | | |
| | | |
| | | |
| | | |

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 |
|------|-------|----------------------|---------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

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Section C

Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 . |
| YES | In the event that the device is not functioning properly, it will be repaired or replaced with a unit that meets the requirements of paragraphs 441.30(a) (2) (i) through (iii) as soon as possible, but no later than 10 business days after the malfunction is discovered. |
| YES | The amalgam retaining unit(s) will be replaced as specified in the manufacturer's operating manual, or when the collecting container has reached the maximum filling level, as specified in the operation manual, at which the device can perform to the specified efficiency, whichever comes first. |
| 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 third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable): _____ |
| 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 . |
| <i>Describe practices:</i> | |

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).

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Section D (continued)

Record Retention Period; per [§ 441.50\(a\)\(5\)](#)

BE ADVISED, as long as a Dental facility subject to this part is in operation, or until ownership is transferred, the Dental facility or an agent or representative of the dental facility must maintain the following records, and make them available for inspection:

1. **A copy of this completed One Time Compliance Report and make it available for inspection in either physical or electronic form.**
2. Maintenance records, to include dates and names of service providers conducting the maintenance and the results of each inspection of the amalgam separator(s) or equivalent device(s), and a summary of follow-up action, if needed.
3. Date of retaining or equivalent container replacement.
4. Dates that collected amalgam was picked up or shipped for proper disposal in accordance with 40 CFR 261.5(g)(3), and the name of the permitted or licensed treatment, storage or disposal facility.
5. Documentation of any repair or replacement of an amalgam separator or equivalent device, including the date, person making the repair or replacement, and a description of the work performed (including make and model).

Section E

Certification Statement

Per [§ 441.50\(a\)\(2\)](#), the One-Time Compliance 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: _____

Dental Facility: Please maintain a completed copy of the One-Time Compliance Report for your records. Direct any questions to ipp@stpete.org or 727-892-5622

ONE-TIME COMPLIANCE REPORT: DENTAL DISCHARGE PROGRAM

SUBMISSION INSTRUCTIONS:

- Email to: ipp@stpete.org

or

- Fax to: 727 892-5842

or

- Mail or deliver to:

City of St. Petersburg
Environmental Compliance Division
Attn: Industrial Pretreatment Program
1650 3rd Ave. N
St. Petersburg, FL 33713

| | | |
|-----------------------------------------------|-------------|----------------------|
| City of St. Petersburg Office Use Only | | Date Received: _____ |
| Exempt from Regulations: | Yes No | Reviewed By: _____ |