ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS
to Comply with 40 CFR 441.50
Effluent Limitations Guidelines and Standards for the Dental Office Category

Instructions:

Regulations for mercury discharges from dental offices (dischargers) have been established in the U.S. Code of Federal Regulations (CFR), Title 40: Protection of Environment. These Dental Effluent Guidelines are located under 40 CFR Part 441. Your facility is required to complete the Dental Amalgam One-Time Compliance Report because it discharges its wastewater to the Gainesville Regional Utilities (GRU) collection system. GRU is required to identify all dental offices in its service area that are subject to the rule, notify these offices of the applicable requirements and ensure that the offices comply with the rule.

1. For more information please see EPA's website: www.epa.gov/eg/dental-effluent-guidelines, or contact GRU's Water/Wastewater Department, Email: LarsenNG@GRU.com , phone 352-393-1698.
2. If you would prefer, a fillable form is available on our website to complete, print and mail.
3. Return this form to GRU, Attn: Pretreatment Coordinator, 4747 N Main St, Box E3-F Gainesville, FL 32614. The form may be scanned and emailed to LarsenNG@GRU.com or faxed to 352-334-2752, however, the original must follow in the mail.
    a. New Users – Any office that begins discharge to GRU after March 1, 2019 must return this form within 90 days after commencement of discharge.
    b. Existing Users – Any office that was discharging to GRU prior to July 14, 2017 must return this form by October 12, 2020 or within 90 days after transfer of ownership.

General Information

Dental Facility Name					
Physical Address of Dental Facility					
City:		State:		Zip:	
Mailing Address (If different)					
City:		State:		Zip:	
Facility Contact					
Name:		Title:			
Phone:		Email:			
Names of Owner(s):					
Names of Operator(s) if different from Owner(s):					
Is this a transfer of ownership? (§ 441.50(a)(4))::	Yes ☐ No ☐		If yes, date of transfer		
Date this facility was established at this location					

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, E and F***
☐	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. ***Complete section F only***
☐	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 due to a transfer of ownership as required by § 441.50(a)(4). ***Complete sections A, B, C, D, E and F***
☐	This practice is not subject to this rule for the following reason: ☐ It exclusively practices one or more of the following specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics ☐ It is a mobile unit as defined by § 441.20(h) ☐ It does not discharge any amalgam process wastewater to a publicly owned treatment works (all amalgam process wastewater is collected and shipped to a Centralized Wastewater Treatment facility for treatment) ***Complete section F only***

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 – Choose from Option 1 or 2 below

Option 1

☐	This facility installed **prior to June 14, 2017** one or more existing amalgam separators **not** compliant with 40 CFR Part 441.30(a)(1)(i) and (ii) that captures all amalgam containing waste at the following number of chairs at which amalgam placement or removal may occur:	*No. Chairs:*
	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.	

Make	Model	Year of installation

Option 2

☐	This facility has installed one or more amalgam separators compliant with the below specification that captures all amalgam containing waste at the following number of chairs at which amalgam placement or removal may occur:		*No. Chairs:*
	☐	*ANSI/ADA Specification for Amalgam Separators (2011)*	
	☐	*ISO 11143 Standard (2008) or subsequent versions so long as that version required amalgam separators to achieve at least 95% removal efficiency*	
	☐	*Equivalent Device**	

Make	Model	Year of installation

*If Equivalent Device, what is the average removal efficiency as determined per §441.30(a)(2)i- iii?

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	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.
Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device:		
☐	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. ***If more convenient, attach a copy of SOPs which meet the requirement***
Describe practices:		

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, amalgam capsules, pulled teeth, or collection devices, must be recycled. Waste amalgam must not be put in the trash, added to red bag waste, or be discharged to a septic tank or publicly owned treatment works (e.g., municipal sewage system). • All amalgam collected for recycling (other than collector canisters) will be stored in a dated, durable, tightly closed, air-tight container, without any liquid, until they are recycled. • Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a septic tank or 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).

Section E
Reporting Requirements

The above named dental discharger will ensure that the requirements described below are followed. Documentation for the requirements must be maintained and made available for inspection in either physical or electronic form for a minimum of three years, as specified in § 441.50 (b):	
☐	Inspections - Date, person(s) conducting inspection, and results of each inspection of the amalgam separator(s) or equivalent device(s), and a summary of follow-up actions, if needed.
☐	Replacement - Amalgam retaining container or equivalent container replacement (including date, if available)
☐	Disposal - Dates that collected dental amalgam is 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 receiving the amalgam retaining containers.
☐	Repair - Documentation of any repair or replacement of an amalgam separator or equivalent device, including the date, person(s) making the repair or replacement, and a description of the repair or replacement (including make and model).
☐	Manufacturer's operating manuals for each separator

Section F
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):*			
Title			
Phone:		Email:	
Authorized Representative Signature		*Date*	

***Retention Period*; per § 441.50(a)(5)**

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 this One Time Compliance Report and make it available for inspection in either physical or electronic form.