



ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS

INSTRUCTIONS:

- Unless stated otherwise, all sections are to be filled out completely. Your compliance report will not be considered complete unless every question is answered on this form. If a section is not applicable, indicate by noting "NA" to show that you considered the question.
- For any section of this application, attach additional sheets as necessary.

- Mail completed application packets to:

Philadelphia Water Department
 Industrial Waste & Backflow Compliance
 9001 State Road
 Philadelphia, PA 19136

APPLICATION CLASSIFICATION	
Dental Dischargers that have been in business at the current address on or before July 14, 2017 are considered an Existing Source Dental Discharger (PSES 40 CFR 441.30). This ONE-TIME COMPLIANCE REPORT must be complete and submitted to the Pretreatment Department on or before October 12, 2020.	Dental Dischargers whose first discharge to the sewer system occurs after July 14, 2017 are considered a New Source Dental Discharger (PSES 40 CFR 441.40) This ONE-TIME COMPLIANCE REPORT must be complete and submitted to the Pretreatment Department no later than 90 days following the introduction of wastewater into the sewer system.
Existing Source Dental Discharger	New Source Dental Discharger

SECTION A: GENERAL INFORMATION

1. Facility/ Company Name:		
2. Facility Physical Address:		
City:	State:	Zip Code:
3. Facility Phone Number:		
4. Facility Mailing Address:		
City:	State:	Zip Code:
5. Facility Owner Name:	6. Facility Operator Name, if different from Owner:	
7. Contact Phone Number:	8. Email Address:	
9. Operating at this location since:	10. Most recent date of Ownership Transfer:	

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SECTION B. EXEMPTIONS CLAIMED

11. Based on any of the following criteria, dental business may qualify for an exemption from amalgam separator installation and maintenance requirements and implementation of prescribed best management practices. Mark the check box and include your initials to certify each exemption claimed. If claiming an exemption, you may proceed to SECTION E: CERTIFICATION STATEMENT. If no exemptions that apply to the facility proceed to SECTION C. AMALGAM SEPARATOR INSTALLATION & MAINTENANCE

441.10 (c) The dental facility identified in SECTION A exclusively practices one or more of the following dental specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics. Initials _____

441.10 (d) The dental facility identified in SECTION A conducts all dental services from one or more mobile units (defined as a specialized mobile self-contained van, trailer or other equipment used in providing dentistry services at multiple locations). Initials _____

441.10 (e) The dental facility identified in SECTION A collects all dental amalgam process wastewater for transfer and hauling to a Centralized Waste Treatment facility as defined in 40 CFR 437. Initials _____

441.10 (f) The dental facility identified in SECTION A does not place or remove dental amalgam, except in limited emergency or unplanned, unanticipated circumstances (according to the rules 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). Initials _____

No exemptions apply

SECTION C. AMALGAM SEPARATOR INSTALLATION & MAINTENANCE

12. Total number of chairs:

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

14. List all the following information for all amalgam separators:

Manufacturer Name	Model	Month/Year Installed	Number of chairs served	ISO 11143 or ANSI/ADA108-2009 Certified? *
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

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15. List all the following information for all equivalent devices that capture amalgam waste:

Manufacturer Name	Model	Month/Year Installed	Number of chairs served	Removal Efficiency*

*Amalgam separator(s) or equivalent device(s) must be compliant with either the American National Standards (ANSI) American National Standard/American Dental Association (ADA) Specification 108 for Amalgam Separators (2009) with Technical Addendum (2011) or the International Organization for Standardization (ISO) 11143 Standard (2008) or subsequent versions so long as that version requires amalgam separators to achieve at least a 95% removal efficiency.

16. Has the dental facility installed any amalgam separators that do not meet the requirements of § 441.30(a)(1)(i) and (ii) prior to June 14, 2017 Yes No

If yes,

a. Please indicate the affected number of chairs at which amalgam placement or removal occurs: _____

b. 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. Initials

17. Is a 3rd party service provider used in maintaining amalgam separators or equivalent devices? Yes No

a. If yes, provide the following information of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person Name: _____

Contact Phone Number: _____ Email Address: _____

b. 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.

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SECTION D: CERTIFICATIONS

18. I certify that the amalgam separator(s) or equivalent device(s) is designed and will be operated and maintained to meet the requirements in § 441.30 or § 441.40. Initials _____

Not applicable per SECTION B: EXEMPTIONS

19. I certify that the facility identified in Section A is implementing Best Management Practices specified in 441.30 (b) or 441.40 (b) and will continue to do so. Initials _____

- 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).

Not applicable per SECTION B: EXEMPTIONS

SECTION E: CERTIFICATION STATEMENT

20. 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. I 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 a fine and/or imprisonment for knowing violations.

Name of Authorized Representative (Print)

Title (Print)

Signature

Date

SECTION F: RETENTION PERIOD

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.

SECTION G: COMMENTS

Attached additional pages or additional comments as necessary: