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|  | Dental Discharger’s One-Time Compliance Report |

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| In accordance with federal law (Title 40 of the Code of Federal Regulations Part 441), this form must be completed and returned to the following address:  Davenport Water Pollution Control Plant  Pretreatment Coordinator  PO Box 3606  Davenport, Iowa 52802  For any new dental discharger or for any existing dental discharger that has a transfer of ownership, the report must be submitted within 45 days after: the opening date of the new dental facility; or the effective date of the transfer of ownership, respectively. **Dental dischargers operating under the same ownership since 06/14/2017 (the effective date of the federal regulations) must submit this report within 30 days of receiving it.** |

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| **Section A: General Information** |

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| Dental Business Owner Name | | | | | |
| Name (legal name of person, company or entity): | | | Title (if applicable): | | |
| Dental Facility Physical Address | | | Dental Business Mailing Address (if different from physical address) | | |
| Street Address (including building and/or suite ID): | | | Mailing Address: | | |
| City | State | Zip Code | City | State | Zip Code |
| Dental Business Contact Info | | | | | |
| Contact Name: | | | Contact Phone Number: | | |
| Contact Email: | | | | | |
| Owner of Property where Dental Business is Operated (if same as above, check here: ) | | | | | |
| Name (legal name of person, company or entity): | | | Title (if applicable): | | |
| Property Owner Mailing Address | | | Property Owner Contact Information | | |
| Mailing Address: | | | Contact Phone Number: | | |
| City | State | Zip Code | Contact Email: | | |

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| Dental Business Ownership Type: | Sole Proprietorship Partnership Corporation  Governmental Agency Other Institutional Organization | | | | |
| Key Dates: | | | | | |
| Date that the Dental Business Operation Started at Facility: | | | Effective Date of Most Recent Ownership Transfer of Dental Business: | | |
| Authorized Representative for Dental Business | | | | | |
| Identify an Authorized Representative for the Dental Business below. An authorized representative is (1) a responsible corporate officer if the dental office is a corporation; (2) a general partner or proprietor if the dental office is a partnership or sole proprietorship; or (3) a duly authorized representative of the responsible corporate officer, or general partner or proprietor. | | | | | |
| Printed Name: | | | | Signature of Authorized Representative: | |
| Title: | | Telephone No: | | | Email: |

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| **Section B: 40 CFR Part 441 Regulatory Exemptions Claimed** |

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| 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 then proceed to Section D: Compliance Certification. | |
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|  | “The dental business identified 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). |
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|  | “The dental business identified 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). |
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|  | “The dental business identified collects all dental amalgam process wastewater for transfer and hauling to a Centralized Waste Treatment facility as defined in 40 CFR 437.” |
|  | \_\_\_\_\_\_ (initials). |
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|  | “The dental business identified 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). |
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| **Section C: Amalgam Information (Required for facilities that work with dental amalgam)** | |

1. Total number of chairs in your office:
2. Total number of chairs at which amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed);
3. Des your facility have any amalgam separators or equivalent devices installed for each chair associated with dental amalgam?  Yes  No

**If you answered “no” to number 3, you are required per 40 CFR 441.30 to install amalgam separator(s) or equivalent device(s) by no later than July 14, 2020.** In addition, please answer number 4 and then sign and date the certification statement in section D and return this form to the Davenport WPCP.

If you answered “yes” to number 3, please continue on with amalgam separator or equivalent device information

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| Amalgam Separator Information | | | | | |
| Manufacturer Name | Model | Year  Installed | Number of Chairs Served | Is Separator Certified Under ISO 11143 Standard or ANSI/ADA Specification 108? | |
|  |  |  |  | Yes | No |
|  |  |  |  | Yes | No |
|  |  |  |  | Yes | No |
|  |  |  |  | Yes | No |
|  |  |  |  | Yes | No |
| Equivalent Amalgam Removal Device Information | | | | | |
| Manufacturer Name | Model | Year  Installed | Number of Chairs Served | Average Removal Efficiency of Equivalent Amalgam Removal Device as Determined by 40 CFR 441.30(a)(2)i-iii? | |
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If more than five amalgam separators or devices are installed or if additional explanations are needed, please include the additional information on a separate page.

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

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| 3rd party service provider for separator or equivalent device maintenance (if applicable) | | |
| Maintenance Company Name: | | |
| Maintenance Company Address: | | |
| City: | State: | Zip Code: |
| Primary Contact Number for Maintenance Company: | | |

If your office does not have a third party maintaining the amalgam separators, provide a brief description of in-house practices employed by the office to ensure proper operation and maintenance of these separators or devices in accordance with 40 CFR 441.30 and 40 CFR 441.40:

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| 1. Please indicate whether you implement any of the following Best Management Practices (BMPs) in your office: | | |
|  | Yes | No |
| Ensure that waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, are **not** discharged to the sanitary sewer system. [40 CFR 441.30(b)(1)] |  |  |
| Ensure that dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to the sanitary sewer system are not 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 standard units. [40 CFR 441.30(b)(2)] |  |  |

**If you answered “no” for either of these BMPs, you are required to begin implementing them by no later than July 14, 2020 to ensure proper compliance with the regulation at 40 CFR Part 441.** In addition, please sign and date the certification statement in section D and return this form to the Davenport WPCP.

Please include any additional BMPs implemented by your facility, if applicable:

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| **Section D: Certification Statement** |
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| The Authorized Representative\*, or Duly Authorized Representative as identified in accordance with 40 CFR 403.12(l), must sign this statement. |
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| ***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 fine and imprisonment for knowing violations.*** |

\*Note: an authorized representative is (1) a responsible corporate officer if the dental office is a corporation; (2) a general partner or proprietor if the dental office is a partnership or sole proprietorship; or (3) a duly authorized representative of the responsible corporate officer, or general partner or proprietor.

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| Printed Name |
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| Title |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Signature | Date | |
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**Please return the completed Dental Amalgam Form to:**

Davenport Water Pollution Control Plant

Pretreatment Coordinator

PO Box 3606

Davenport, Iowa 52802

**Questions?** Please contact the Davenport WPCP at 563-326-7965 or

Email: [hek@ci.davenport.ia.us](mailto:hek@ci.davenport.ia.us)