



Fort Wayne City Utilities

Industrial Pretreatment Section

Water Pollution Control Plant

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DENTAL AMALGAM RULE ONE-TIME COMPLIANCE REPORT

This report form requests the minimum information that must be submitted as a one-time compliance report by dental facilities subject to the U.S. Environmental Protection Agency's Effluent Limitations Guidelines and Standards for the Dental Office Category ("Dental Amalgam Rule"), 40 CFR Part 441 ("Part 441").

This One-Time Compliance Report form is required to be completed and submitted by new dental dischargers (see Definitions below) within 90 days after commencing wastewater discharge to the City's publicly owned treatment works ("POTW").

Existing dental dischargers (see Definitions below) are required to complete and submit this report form by October 12, 2020.

The new owner of an existing or new dental discharger facility for which a One-time Compliance Report has been previously submitted or due shall complete and submit a new report form within 90 days after a transfer of ownership.

Please complete, sign and date this form, and transmit the original to the address above.

DENTAL FACILITY CONTACT INFORMATION

Name of Dental Facility:

Name of Primary Representative:

Title (e.g., Owner, Office Manager, Property Manager):

Names of dentist(s) that practice at this facility (use additional pages if necessary):

1.	4.	7.
2.	5.	8.
3.	6.	9.

Owner of the Dental Facility:

Dental Facility Address:

City:	State:	ZIP Code:
Mailing Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	

RELEVANT DEFINITIONS FROM THE DENTAL AMALGAM RULE

Dental Amalgam – an alloy of elemental mercury and other metal(s) that is used in the practice of dentistry.

Amalgam process wastewater – any wastewater generated and discharged by a dental discharger through the practice of dentistry that may contain dental amalgam.

Dental Discharger – a facility where the practice of dentistry is performed, including but not limited to institutions, permanent or temporary offices, clinics, home offices, and facilities owned and operated by federal, state or local governments, that discharges wastewater to a

publicly owned treatment works (POTW).

Existing dental discharger – a dental discharger who first discharged wastewater to a POTW on or before July 14, 2017.

Mobile unit – a specialized mobile self-contained van, trailer, or equipment used in providing dentistry services at multiple locations.

New dental discharger – a dental discharger whose first discharge of wastewater to a POTW occurs after July 14, 2017.

**APPLICABILITY: PLEASE SELECT THE APPROPRIATE DESCRIPTION(S)
FROM THE FOLLOWING ALTERNATIVES**

☐	This facility is a dental discharger subject to this rule (40 CFR Part 441) and it places or removes dental amalgam. <i>(The entire report form must be completed.)</i>			
☐	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).			
☐	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. This dental facility consists exclusively of one or more of the following dental specialties (check all that apply) and the requirements are met in § 441.10 for limited amalgam use, then the facility can be designated as an exempt dental facility.			
	☐	Oral pathology	☐	Orthodontics
	☐	Oral and maxillofacial radiology	☐	Periodontics
	☐	Oral and maxillofacial surgery	☐	Prosthodontics
	(Skip to the “ CERTIFICATION STATEMENT ” section on Page 3.)			

DESCRIPTION OF OPERATION AT FACILITY SUBJECT TO STANDARD

Total number of chairs?

Number of chairs at which dental amalgam may be placed or removed?

Yes ☐ The facility discharged amalgam process wastewater prior to July 14th, 2017 under
No ☐ any ownership.

AMALGAM SEPARATOR INFORMATION 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:

**LISTING OF EXISTING AMALGAM SEPARATORS OR EQUIVALENT DEVICES
CURRENTLY IN USE AT DENTAL FACILITY**

☐ **MY FACILITY OPERATES AN AMALGAM SEPARATOR**

	Manufacturer/Make	Model	Vendor/Supplier	Installation Date
1.				
2.				
3.				
4.				

☐ **MY FACILITY OPERATES AN EQUIVALENT DEVICE**

Description of any amalgam removal device(s) currently operated with amalgam removal percentage equivalent to ISO 11143 compliant amalgam separators:

	Manufacturer/Make	Model	Vendor/Supplier	Installation Date
1.				
2.				
3.				
4.				

☐ Documentation of amalgam solids removal percentage performance test results compliant with specifications of § 441.30(a)(2)(i) – (iii) is attached to this Report

**DESIGN, OPERATION AND MAINTENANCE OF AMALGAM
SEPARATOR/EQUIVALENT DEVICE**

☐ I certify that the amalgam separator(s) or equivalent device(s) in use at this dental facility is (are) designed and will be operated and maintained to meet the requirements in § 441.30 or § 441.40.

THIRD PARTY SERVICE PROVIDER INFORMATION

Name of third-party service provider that maintains the amalgam separator(s) or equivalent device(s), if applicable:

If no third-party provides service, give a brief description of the practices employed by the facility to ensure proper operation and maintenance of amalgam separators in accordance with § 441.30 or § 441.40:

BEST MANAGEMENT PRACTICES (BMPS)

☐ I certify that this dental facility is implementing BMPs specified in section §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 chair 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).

CERTIFICATION STATEMENT

Per 40 CFR § 441.50(a)(2), this 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 40 CFR § 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 40 CFR § 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):

Authorized Representative Signature:

Date:

Phone:

Email:

RETENTION PERIOD

Per 40 CFR § 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.