



Dental Discharger One-Time Compliance Report

FOR OFFICE USE
Exempt: _____
Follow up: _____
IWS updated: _____
PT Coord Initials: _____

This form must be completed and returned to the CITY OF GREELEY WTRF within 90 days of the introduction of wastewater to the City of Greeley’s sewer system, or transfer of ownership.

SECTION A – Facility Information

<i>Dental Facility Name:</i>	
<i>Facility Physical Address:</i>	
<i>Facility Mailing Address:</i>	
<i>Facility Contact:</i>	
<i>Facility Contact Phone:</i>	
<i>Facility Contact Email:</i>	
<i>Name of Facility Owners & Operators:</i>	
<i>Date this facility was established at this location:</i>	

SECTION B – Exemptions

Part A – Exemption Certification

	Initial if true
1. <i>“The above named dental facility exclusively practices one or more of the following dental specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.”</i>	
2. <i>“The above named dental facility is a mobile unit.”</i>	
3. <i>“The above named dental facility does not discharge ANY amalgam process wastewater to the City of Greeley’s wastewater sewer system.”</i>	
4. <i>“The above named dental facility does not place dental amalgam, and only removes dental amalgam in limited emergency, unplanned, or unanticipated circumstances.”</i>	

STOP! If any of the statements in Section B, Part A is true, skip to SECTION F – Certification. Otherwise, please continue.

Part B – Facility Establishment

- 1. Did this facility begin discharging to the sewer system prior to July 14, 2017? Yes No
- 2. Did this facility recently transfer ownership? Yes No
- a. If yes, please provide the date of transfer: _____

Facilities that transferred ownership must submit this one-time compliance report within ninety (90) days of transfer.

SECTION C – Separator Installation

	Initial if true
--	-----------------

- 1. *“The above named dental facility has installed one or more amalgam separators (or equivalent devices) that meet the requirements of 40 CFR § 441.30(a)(1)(i) and (ii) and capture all amalgam containing waste.”*

All new sources that did not discharge to the sewer system prior to July 14, 2017 must meet the requirements of 40 CFR 441.30 prior to discharge. Additionally, this one-time compliance report must be submitted within 90 days of initial discharge to the sewer system.
- 2. *“The above named dental facility has installed one or more amalgam separators (or equivalent devices) but that **do not** meet the requirements of 40 CFR § 441.30(a)(1)(i) and (ii) and capture all amalgam containing waste prior to June 14, 2017.*

Furthermore, I acknowledge that any such separators must be replaced with one or more amalgam separators (or equivalent devices) that meet the requirements of 40 CFR § 441.30(a)(1)(i) and (ii) after their useful life has ended, and no later than June 14, 2027, whichever is sooner.”
- 3. *“The above named dental facility has not installed one or more amalgam separators (or equivalent devices).”*

SECTION D – Facility Description

Part A – Separator Identification

- 1. Total number of chairs: _____
- 2. Number of chairs at which amalgam may be present in wastewater: _____
- 3. Is the separator a shared common device for the dental facility? Yes No
- 4. Are all separators certified under the ISO 11143 standard? Yes No
- 5. The above named facility uses an equivalent device. Yes No

a. If the facility uses an equivalent device, please describe below:
(Use additional sheets if necessary)

Make	Model	Date of Installation	Percent Recovery
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	<i>Initial if true</i>
--	------------------------

6. *“The above named dental facility has installed appropriately sized amalgam separator(s) described below:”*
(Use additional sheets if necessary)

Make	Model	Date of Installation
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part B – Separator Maintenance

	<i>Initial if true</i>
--	------------------------

1. *“The above named dental facility operates and maintains amalgam separators in accordance with all requirements specified in 40 CFR §441.30 or §441.40.”*

2. *“The above named dental facility **does** use a third-party service provider that maintains the amalgam separator or equivalent device.”*

a. *The name of the third-party service provider:* _____

3. *“The above named dental facility **does not** use a third-party service provider to maintain the amalgam separator or equivalent device.”*

a. *“The following practices will be employed by the facility to ensure proper operation and maintenance in accordance with 40 CFR §441.30 or §441.40:
 (If more convenient, attach a copy of SOPs which meet the requirements)”*

4. *“The above named dental facility has implemented written policies and procedures as follows:”*

- *A prohibition of the discharge of waste amalgam to the sewer system.*
- *A prohibition of the use of oxidizing and acidic cleaning products on plumbing fixtures and lines that convey amalgam wastes.*

Section E – Record Retention

Please acknowledge the following and initial next to each statement.

1. “As an authorized representative of the above named facility, I acknowledge that this document must be maintained on-site as long as this facility is in operation or until ownership is transferred.”
2. “As an authorized representative of the above named facility, I acknowledge that all documentation regarding operation and maintenance of the amalgam separator (or equivalent device) must be maintained on-site for a minimum of three years.”

SECTION F – Certification

“I, _____ (duly authorized representative of the above named dental facility), 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.”

Signature _____

Date _____

Return the completed form to City of Greeley WTRF via mail to:

Greeley WTRF
Industrial Pretreatment Program
300 East 8th St.
Greeley, CO 80631