

ONE TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS

Dental Office Point Source Category (40 CFR 441)



**LOS ANGELES COUNTY
PUBLIC WORKS**
Environmental Programs Division
900 South Fremont Avenue, 3rd Floor Annex Building
Alhambra, CA 91803-1331
Telephone: (626) 458-3517
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Site No. _____

File No. _____

Doc No. _____

FILING STATUS:

- New or Proposed Point of Discharge to Sewer
- Existing, but Un-permitted Point of Discharge to Sewer
- New Ownership:
 - Previous Company Name: _____ , Effective Date : _____
 - Previous Permit Number: _____

GENERAL INFORMATION:

Legal Business Name: _____

Ownership Type: Corporation/LLC Partnership Sole Proprietor/Individual

Location Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(Street) (City) (State) (Zip)

Facility Contact Person: _____
(INDIVIDUAL'S NAME)

Title: _____ Tel: _____ Email: _____

Name(s) of the operator(s) and owner(s): _____
(INDIVIDUAL'S NAME) (Title)

Address of Owner(s): _____
(Street) (City) (State) (Zip)

APPLICABILITY: Please select one of the following:

This dental practice places or removes dental amalgam and discharges wastewater to the sewer.

➤ *If this selection is made, complete Sections A, B, C and D after reading 40 CFR 441 available at <https://www.ecfr.gov/cgi-bin/text-idx?mc=true&node=pt40.32.441&rgn=div5>*

This dental practice does not place dental amalgam and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances.

➤ *If this selection is made, complete Section D only.*

SECTION A: Description of Facility

1. Wastewater discharge to the sewer commenced **before / on / after** (circle one) July 14, 2017.

➤ *(Note: If the discharge commenced after July 14, 2017, this certification form is due within 90 days of the commencement. Otherwise, it is due by October 12, 2020.)*

2. A. Describe Type of Business:

Office of Dentists

Dental Laboratory

Other _____

3. Date operation began /or will begin? (mm/dd/yyyy): _____

4. Number of Employees: _____ Number of Shifts: _____

5. Hours of Operation: _____ am pm to _____ am pm Days Per Week: S M T W Th F S

6. Estimated Flow to Sewer: _____ gpd (gallons per day)

7. Total number of chairs: _____

8. Total number of chairs at which dental amalgam may be present in the resulting wastewater: _____

9. Narrative description of practices performed at the facility (optional):

SECTION B: Amalgam separator(s) or equivalent device(s)

1. Complete all applicable subsections below for all existing amalgam separator(s) or equivalent device(s) that are currently operated for chairs at which dental amalgam may be present in the resulting wastewater (must check at least one of the three boxes below):



- One or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators (or equivalent devices) that captures all amalgam containing waste from the above identified chairs in Section A where amalgam is placed or removed has/have been installed at the facility.

- One or more existing amalgam separators has/have been installed at the facility prior to June 14, 2017, at which amalgam placement or removal occurs. I understand that it/they must be replaced with one or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators (or equivalent devices), after its/their lifetime has/have ended, and no later than June 14, 2027.

Make	Model	Date of Installation	Technology Utilized: (Check all that apply)	Comment (optional)
			<input type="checkbox"/> Filtration <input type="checkbox"/> Settlement <input type="checkbox"/> Ion Exchange <input type="checkbox"/> Centrifuge	
			<input type="checkbox"/> Filtration <input type="checkbox"/> Settlement <input type="checkbox"/> Ion Exchange <input type="checkbox"/> Centrifuge	
			<input type="checkbox"/> Filtration <input type="checkbox"/> Settlement <input type="checkbox"/> Ion Exchange <input type="checkbox"/> Centrifuge	
			<input type="checkbox"/> Filtration <input type="checkbox"/> Settlement <input type="checkbox"/> Ion Exchange <input type="checkbox"/> Centrifuge	



- One or more equivalent amalgam removal devices has/have been installed at the facility.

Make	Model	Date of Installation	Average removal efficiency of equivalent device, as determined per 40 CFR 441.30(a)(2)i-iii	Comment (optional)

2. Third-party service provider(s) that maintains the amalgam separator(s) or equivalent device(s) operated at the dental office to ensure proper operation and maintenance in accordance with §441.30 or §441.40:

Company Name	Address	Phone Number	Date of Starting Service

3. If there is no third-party service provider that maintains the amalgam separator(s) or equivalent device(s) operated at the dental office, please provide a brief description of the practices employed by the facility to ensure proper operation and maintenance in accordance with §441.30 or §441.40.

SECTION C: Certification

I hereby certify that the above amalgam separator(s) or equivalent device(s) is/are designed and will be operated and maintained to meet the requirements specified in §441.30 or §441.40.

I hereby certify, that the dental discharger is implementing the following Best Management Practices specified in §441.30(b) or §441.40(b) and will continue to do so.

- (1) 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 the sewer.
- (2) Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to the sewer 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.

SECTION D: Certification Statement

I, _____, am a duly authorized representative 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.

Date: _____

Signature of authorized company official: _____
(AUTHORIZED COMPANY OFFICIAL)

Print name of official: _____

Title of authorized company official: _____

NOTES:

"Authorized company official" means:

1. For a partnership: a general partner.
2. For a sole proprietorship: the proprietor.
3. For a corporation: a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or the manager of one or more manufacturing, production, or operation facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
4. A duly authorized official of one of the individuals described above may substitute if:
 - a. The authorization is made in writing by one of the individuals described above;
 - b. The authorization specifies either an individual or a position having responsibility for the overall operation of the permittee's facility, such as a responsible position for environmental matters for the company; and
 - c. The written authorization is submitted to the Los Angeles County Public Works.