



CITY OF BRENTWOOD
Dental Amalgam Program
Dental Dischargers One-Time Compliance Form

Public Works- Operations
 Environmental Compliance
 2251 Elkins Way
 Brentwood, CA 94513
 Phone: (925)516-6076
 Fax: (925)516-6061
 www.brentwoodca.gov

In accordance with 40 CFR PART 441- DENTAL OFFICE POINT SOURCE CATEGORY, complete and submit this form to:

City of Brentwood Public Works-Operations
Environmental Compliance
2251 Elkins Way
Brentwood, CA 94513

- o Dental offices that existed prior to July 14, 2017 must submit this form by **October 12, 2020** (40 CFR Part 441.30).
- o New dental offices that opened after July 14, 2017 must submit this form no later than **90 days** following wastewater discharge into the City of Brentwood sewer system (40 CFR Part 441.40).
- o If a dental office transfers ownership of the facility, the new owner must submit this form no later than **90 days** following the transfer (40 CFR Part 441.50(a)(4)).

SECTION A: FACILITY INFORMATION

Name of Facility	Date of Establishment
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Physical Address

Street

City

State

Zip

Mailing Address (check box if same as above)

Street

City

State

Zip

Facility Contact

Name

Title

Email

Phone

Authorized Signatory Official (per 40 CFR Part 403.12(l)) (check box if same as above)

Name

Title

Email

Phone

Name of Additional Owner(s) and Operator(s) not already listed above

APPLICABILITY- Check one of the following:

This facility is a dental discharger subject to this rule (40 CFR Part 441) and places or removes dental amalgam.
COMPLETE SECTIONS B, C, D, E, AND F

This facility exclusively practices one or more of the following dental specialties that does not apply to this rule (40 CFR Part 441.10(c)) or is a mobile unit (40 CFR Part 441.10(d)) (check box):

Oral Pathology

Periodontics

Oral and Maxillofacial Surgery/Radiology

Prosthodontics

Orthodontics

Mobile unit

COMPLETE SECTION F ONLY

This facility is a dental discharger that does not discharge any amalgam process wastewater to a municipal sewer system such as facilities that collect all dental amalgam process wastewater for transfer to an off-site facility for treatment (40 CFR Part 441.10(e)).

COMPLETE SECTION F ONLY

This facility is a dental discharger that *does not* place dental amalgam, and *does not* remove amalgam except in limited emergency or unplanned, unanticipated circumstances (40 CFR Part 441.10(f)).

COMPLETE SECTION F ONLY

(Also select if applicable) **Transfer of Ownership** (40 CFR Part 441.50(a)(4))

This facility is a dental discharger subject to this rule (40 CFR Part 441), and is submitting a new one-time dental facility compliance report because of transfer of ownership.

SECTION B: DESCRIPTION OF DENTAL OFFICE PRACTICE

Total # of chairs	Total # of chairs which dental amalgam wastewater may be produced	This facility discharged amalgam process wastewater prior to July 14, 2017 under any ownership (check one)	
		YES	NO

Check and fill out all applicable:

This facility has installed one or more **ISO 11143 or ANSI/ADA 108-2009** compliant amalgam separators that captures all amalgam containing waste at the following number of chairs at which amalgam placement or removal may occur.

CHAIRS

Make	Model	Year Installed

This facility has installed one or more **equivalent amalgam removal devices** with average removal efficiency per 40 CFR 441.30(a)(2)(i-iii) at the following number of chairs at which amalgam placement or removal may occur.

CHAIRS

Make	Model	Year Installed	Average Removal Efficiency

This facility has one or more existing **non-ISO, non-ANSI/ADA, or non-equivalent compliant amalgam separators** that *do not meet* the requirements of 40 CFR 441.30(a)(2)i-iii at the following number of chairs at which amalgam placement or removal may occur.

CHAIRS

(If above is checked) I understand that such separators must be replaced with one or more ISO, ANSI/ADA, or equivalent compliant amalgam separators after their useful life has ended, and no later than **June 14, 2027**.

SECTION C: DESIGN, OPERATION, & MAINTENANCE OF AMALGAM SEPARATOR/EQUIVALENT DEVICE

Check one and fill out:

- A third party service provider is under contract with this facility to ensure proper orientation and maintenance of the amalgam separator or equivalent device in accordance with 40 CFR Part 441.30 or 40 CFR Part 441.40.

Name of third party service provider

Address

- A third party service provider is **not** under contract and the amalgam separator (or equivalent device) is operated and maintained by dental facility staff in accordance with 40 CFR Part 441.30 or 40 CFR Part 441.40.

Brief description of practices employed by dental facility to ensure proper orientation and maintenance

INITIALS

I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in 40 CFR Part 441.30 or 40 CFR Part 441.40.

SECTION D: BEST MANAGEMENT PRACTICES (BMP) CERTIFICATIONS

INITIALS

I certify that this dental facility is implementing the following BMPs as specified in 40 CFR Part 441.30(b) or 40 CFR Part 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 (POTW) (e.g., City of Brentwood sewer system)
 - Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a POTW 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).
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SECTION E: RECORDKEEPING AND RECORD RETENTION

INITIALS

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 must maintain a copy of this One Time Compliance Report and make it available for inspection in either physical or electronic form (40 CFR Part 441.50(a)(5)).

SECTION F: CERTIFICATION

"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, 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."

Signature of Authorized Person

Date

Printed Name

Printed Title