PRINT

Dental Discharger's One-Time Compliance Report

In accordance with federal and local law (Title 40 of the Code of Federal Regulations Part 441 and Chapter 15-10 of the Austin City code), this form must be completed and returned by the applicable due date to the following address:

City of Austin / Austin Water
Special Services Division / Office of Industrial Waste
3907 S. Industrial Drive, Suite 100
Austin, TX 78744-1070

For any new dental discharger or for any existing dental discharger that has a transfer of ownership, the report must be submitted within 90 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 whose first discharge occurred on or before 7/14/2017, should submit this report as soon as possible but in no case any later than 10/12/2020.

IDENTIFYING INFORMATION

Dental Business Owner Name	
Business Name	Owner Name (legal name of person, company or entity)

Dental Facility Physical Address			Dental Business Mailing 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	( ) - ext. Primary Phone
Contact E-mail Address	( ) - ext. Secondary Phone

Owner of Property where Dental Business is Operated (if same, check here: ☑)	
Name (legal name of person, company or entity)	Title (if applicable)

Property Owner Mailing Address			Property Owner Contact Information
Mailing Address			( ) - ext. Primary Phone
City	State	Zip Code	E-mail Address

Dental Business Ownership Type: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Governmental Agency ☐ Other Institutional Organization

Key Dates	
Date that Dental Business Operation Started at Facility	Effective Date of Most Recent Ownership Transfer of Dental Business

Rev: 8/29/2017

Authorized Representative for Dental Business

Identify an Authorized Representative for the Dental Business below. For a corporation this must be a responsible corporate officer meeting the requirements of 40 CFR 403.12(l)(1). For partnerships or sole proprietorships this must be a general partner or proprietor, respectively. For government agencies or institutional organizations this must be the director or highest appointed official designated to oversee the business operations.

Printed Name	Signature of Authorized Representative
Title	( ) - ext. Telephone No.

Duly Authorized Representative for Dental Business (not valid without signature of Authorized Representative above)

A "Duly Authorized Representative" may be authorized by the Authorized Representative identified above to sign and certify this report if the specified person holds a position with responsibility for the overall operations of the business or overall responsibility for environmental matters for the business in accordance with 40 CFR 403.12(l)(3).

Printed Name	Signature of Duly Authorized Representative
Title	( ) - ext. Telephone No.

REGULATORY EXEMPTIONS CLAIMED

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 proceed to the Compliance Certification section.

☐ "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).

☐ "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).

☐ "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).

☐ "The dental business identified does not place dental amalgam, and does not remove 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).

PROCESS INFORMATION

Process Overview

Total Number of Chairs at the Dental Business Facility	Number of chairs in which dental amalgam wastewater may be produced
Number of Amalgam Separators or Equivalent Amalgam Removal Devices Installed	

Amalgam Separator Information

Manufacturer Name	Model	Year Installed	Number of Chairs Served	Is Separator Certified Under ISO 11143 Standard?
				☐ 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?

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

3rd party service provide for separator or equivalent device maintenance (if applicable)

Name (legal name of person, company or entity)			Contact Person Name
Street Address			( ) - ext. Primary Phone
City	State	Zip Code	E-mail Address

If a 3rd party service is NOT used for such services, provide a brief description of in-house practices employed by the dental business to ensure proper operation and maintenance of these separators or devices in accordance with 40 CFR 441.30 and 40 CFR441.40:

Mark the check box and include your initials to certify each of the following statements:

☐ "The dental business identified uses amalgam separator(s) or equivalent device(s) that are designed and will be operated and maintained to meet the requirements specified in 40 CFR § 441.30 or § 441.40."

_____ (initials).

☐ "The dental business identified is implementing Best Management Practices (BMPs) specified in 40 CFR § 441.30 or § 441.40, including the prohibition of the discharge of waste amalgam to the sewer system; and the prohibition of the use of oxidizing and acidic cleaning products on plumbing fixtures and lines that convey amalgam wastes."

_____ (initials).

COMPLIANCE CERTIFICATION

The Authorized Representative, or Duly Authorized Representative as identified in accordance with in accordance with 40 CFR 403.12(l), must sign this statement.

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.

_____
Printed Name

_____
Title

_____ _____
Signature Date

OFFICE USE ONLY

Date Received:	Entered By:
Austin Water Customer? ☐ Yes ☐ No	If yes, Wastewater Account Number:
Exempt from Regulations? ☐ Yes ☐ No	Total Number of Separators & Equivalent Devices:
Were Amalgam Separator(s) / Amalgam Removal Device(s) installed before June 14, 2017? ☐ Yes ☐ No	