City Of Rogers

COMPLIANCE REPORT FOR DENTAL DISCHARGERS

to Comply with 40 CFR 441

Effluent Limitations Guidelines and Standards for the Dental Office Category

Dental facilities must submit in a one-time compliance report as required by the Effluent Limitations Guidelines and Standards for the Dental Office Point Source Category ("Dental Amalgam Rule"). Review the applicability section (441.10) to determine if your facility is required to submit a one-time compliance report. For those offices **not** exempt under 441.50, complete the form and return to the pretreatment program (see page 4).

General Information (To be completed by ALL Offices)

Name of Facility							
Phy:	Physical Address of Dental Facility						
City	/:				State:	Zip:	
Mai	iling	Address					
City	/:				State:	Zip:	
Faci	ility (Contact					
Pho	ne:			Email:	<u> </u>	 	
Nan	Names of Owner(s):						
	Names of Operator(s) if different from Owner(s):						
Appli	Applicability: Please Select One of the Following						
	This facility is a dental discharger subject to this rule (441) and it places or removes dental amalgam. <i>Complete sections A, B, C, D, and E</i>						
	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. *Complete section E only**						
(Als	o, se	elect if applicable) Transfer of Owner	rship (4	41.50(a)(4	<u>4)</u>)	 	
	This facility is a dental discharger subject to this rule (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).						

Section A

Description of Facility

Total number of chairs:				
Total number of chairs at which amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed):				
YES	NO 🗆	The facility dischar	rged amalgam process wastewater prior to J	uly 14th, 2017 under any

Section B Description of Amalgam Separator 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 use has ended, and no later than June 14, 2027, whichever is sooner.				
	Make	Model	Year of installation		
	My facility operates an equivalent device (per 441.30(a)(2)i- iii).				
Make		Model	Year of installation	Average rei efficiency equivalent (y of

Section C Design, operation and Maintenance of Amalgam Separator/Equivalent Device

	Yes	I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in 441.30 or 441.40.			
	Is a third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with $\frac{441.30}{2}$ or $\frac{441.40}{2}$?				
	Yes	Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):			
	No	If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with <u>441.30</u> or <u>441.40</u> .			
Describe either the third party service OR the practices your facility employs:					

Section D Best Management Practices (BMP) Certifications

The above named dental discharger is implementing the following BMPs as specified in 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 unit 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).

Section E

Certification Statement

Per <u>441.50(a)(2)</u>, the 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 <u>403.12(l)</u>.

"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(I) 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):	
Phone:	Email:
Authorized Representative Signature	Date

Retention Period 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.

OR

Mail Completed Form To:

Attn: Pretreatment Coordinator Rogers Water Utilities Rogers Pollution Control Facility 4300 Rainbow Rd

Rogers, AR 72758

Email Completed Form To:

Pretreatment Program
Paul Burns

paulburns@rogersar.gov

*form MUST be printed and signed. Electronic signatures will NOT be accepted.

Keep a signed copy of this form in your files for the duration of ownership

For more information, see EPA's Dental Effluent Guidelines webpage: https://www.epa.gov/eg/dental-effluent-guidelines