

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			
Physical Address of Dental Facility			
City:		State:	
		Zip:	
Mailing Address			
City:		State:	
		Zip:	
Facility Contact			
Phone:		Email:	
Names of Owner(s):			
Names of Operator(s) if different from Owner(s):			

Applicability: Please Select One of the Following

<input type="checkbox"/>	This facility is a dental discharger subject to this rule (441) and it places or removes dental amalgam. Complete sections A, B, C, D, and E
<input type="checkbox"/>	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
(Also, select if applicable) Transfer of Ownership (441.50(a)(4))	
<input type="checkbox"/>	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 <input type="checkbox"/>	NO <input type="checkbox"/>	The facility discharged amalgam process wastewater prior to July 14th, 2017 under any ownership.

Section B

Description of Amalgam Separator or Equivalent Device

<input type="checkbox"/>	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:	<i>Chairs:</i>		
<input type="checkbox"/>	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 useful life has ended, and no later than June 14, 2027, whichever is sooner.	<i>Chairs:</i>		
	Make	Model	Year of installation	
<input type="checkbox"/>	My facility operates an equivalent device (per 441.30(a)(2)i- iii).			
	Make	Model	Year of installation	Average removal efficiency of equivalent device

Section E

Certification Statement

Per [441.50\(a\)\(2\)](#), 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 [403.12\(l\)](#).

"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."

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.

Mail Completed Form To:
Attn: Pretreatment Coordinator
Rogers Water Utilities
Rogers Pollution Control Facility
4300 Rainbow Rd
Rogers, AR 72758

OR

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>