

CITY OF WALLA WALLA ANNUAL COMPLIANCE REPORT FOR DENTAL DISCHARGERS to Comply with 40 CFR 441.50

Effluent Limitations Guidelines and Standards for the Dental Office Category

General Information

Name of Facility										
Phys	sical A	Address of	Dental Facility							
,			•							
City					State:		Zip:			
Mail	ling A	ddress								
City							State:		Zip:	
Faci	lity C	ontact								
	•									
Pho	ne.				Email:					
					Lillall.					
		f Owner(s):	s) if different from							
	nes oi	•	s) ii dillerent ironi							
			working for this							
	business:									
	1. •1•	n Blasse		•						
Appli		_	Select One of the Follo		iost to th	ic rul	o bosause	it oithor (coloct c	no or moro
	This facility is a dental discharger but is not subject to this rule because it either (select one or more of the following):									
	☐ Practices dentistry that consists exclusively of one or more of the following dental specialties									
	(circle one or more of the following):									
	a) Oral pathology									
	b) Oral and maxillofacial radiology									
	c) Oral and maxillofacial surgery									
	d) Orthodontics									
		•	Periodontics							
	f) Prosthodontics									
	☐ Operates only from a mobile unit [Definition per 40 CFR 441.20: a specialized mobile self-									
	contained van, trailer, or equipment used in providing dentistry services at multiple locations]									

	☐ Discharges its amalgam process water to somewhere other than the City's Publicly Owned Treatment Works, by way of the City's sewer system (e.g. collect and transfer to a centralized waste treatment facility) Complete section E only					
	This facility is a dental discharger, is subject to this rule (40 CFR Part 441 – refer to attached flow					
	chart) and it places or removes dental amalgam.					
	Complete sections A, B, C, D, and E					
	This facility is a dental discharger subject to this rule <u>and</u> (1) it does not place dental amalgam, <u>and</u> (2)					
	it does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances.					
	[Note: Must meet both (1) and (2)]					
	Complete section E only					
(Als	(Also, select if applicable) Transfer of Ownership (§ 441.50(a)(4))					
	This facility is a dental discharger subject to this rule (40 CFR Part 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 a	malgam may be placed or removed):					
Description of	f any amalgam sepa	arator(s) or equivalent device(s) currently op	perated:				
YES NO	The facility discha ownership.	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 Cha						
	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:						
	The dental facility	installed prior to June 14, 2017 one or more ϵ	existing amalgar	n separators	Chairs:		
	that do not meet t	he requirements of <u>§ 441.30(a)(1)(i) and (ii)</u> a	t the following i	number of			
	chairs at which am	algam placement or removal may occur:					
	I understand that s	such separators must be replaced with one or	more amalgam	separators (c	ir		
	equivalent devices	levices) that meet the requirements of § $441.30(a)(1)$ or § $441.30(a)(2)$, after their useful					
	life has ended, and	life has ended, and no later than June 14, 2027, whichever is sooner.					
	Make	Model	Year of installation				
*attached additional sheets if more space is required							
	My facility operates an equivalent device.						
	Make	Model	Year of installation	Average remefficiency of equivalent das determine 441.30(a)(2)	levice, ed per <u>§</u>		

*att	ached addition	al sheets if more space is required				
Sectio	on C					
	_	nd 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.				
		e provider is under contract with this facility to ensure proper operation and				
mair	ntenance in acc	ordance with <u>§ 441.30</u> or <u>§ 441.40</u> .				
		Name of third-party service				
		provider (e.g. Company Name) that maintains the				
	YES	amalgam separator or				
		equivalent device (if				
		applicable):				
	NO	If none, provide a description of the practices employed by the facility to ensure				
	NO	proper operation and maintenance in accordance with § 441.30 or § 441.40.				
Des	cribe practices:					
Sectio	on D					
Best Management Practices (BMP) Certifications						
	The above nar	med 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 					

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

publicly owned treatment works (e.g., municipal sewage system).

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

The Annual 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(I).

"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."

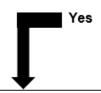
Authorized Representative Name (prin	t name):	
Phone:	Email:	
Authorized Representative Signature	Date	

Retention Period; per § 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 Annual Compliance Report and make it available for inspection in either physical or electronic form.

ARE YOU SUBJECT TO 40 CFR 441?

Are you a dental discharger?



Definition per 40 CFR 441.20: a facility where the practice of dentistry is performed, including, but not limited to, institutions, permanent or temporary offices, clinics, home offices, and facilities owned and operated by Federal, state or local governments, that discharges wastewater to a publicly owned treatment works [by way of the City's sewer system].



You are exempt from this rule. Contact the pretreatment coordinator at 509.524.4588

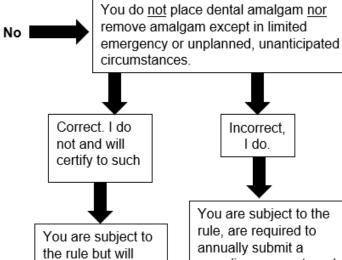
Do you meet any of the following?

- Practice dentistry that consists exclusively of one or more of the following dental specialties:
 - a) Oral pathology
 - b) Oral and maxillofacial radiology
 - c) Oral and maxillofacial surgery
 - d) Orthodontics
 - e) Periodontics
 - f) Prosthodontics
- Operate only from a mobile unit? [Definition per 40 CFR 441.20: a specialized mobile self-contained van, trailer, or equipment used in providing dentistry services at multiple locations]
- 3. Discharge your amalgam process water to somewhere other than the City's Publicly Owned Treatment Works, by way of the City's sewer system (e.g. collect and transfer to a centralized waste treatment facility)?



You <u>are not</u> subject to this rule but are required to annually submit a compliance report.

Complete section E only of form.



only be required to

annually submit a

compliance report.

Complete section

E only of form.

You are subject to the rule, are required to annually submit a compliance report, and you must meet the pretreatment standards of 40 CFR 441.30 and the reporting and recordkeeping requirements of 40 CFR 441.50. Complete sections A, B, C, D, and E of the form.