



CITY OF EVERETT, WASHINGTON
ONE-TIME COMPLIANCE REPORT
DENTAL OFFICE POINT SOURCE CATEGORY
40 CFR PART 441

Section 1: Facility Information

Legal business name:		Unified Business Identification (UBI)#
Physical address:	Mailing address:	
Facility phone:	Facility e-mail:	
Date dental business operations established at this location:	Effective date of most recent ownership transfer of dental business (if applicable):	
Name(s) of operator(s) and/or owner(s):		
Contact name:	Title:	
Contact phone:	Contact e-mail:	
Description of the operations performed at this dental facility:		

Section 2: Exemptions

Based on any of the following criteria, a Dental Discharger may qualify for an exemption from the following: installation, operation, and maintenance requirements of one or more amalgam separator(s) or equivalent device(s); implementation of prescribed best management practices. Please certify the exemption being claimed (on the next page) by checking and initialing the box next to it. If an exemption is claimed, you may proceed to Section 4: Certification Statement.

40 CFR § 441.10 (c) The facility indicated in Section 1 above exclusively practices one or more of the following dental specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.	
40 CFR § 441.10 (d) The facility indicated in Section 1 above is a mobile unit operated by a dental discharger. A mobile unit is defined as a specialized mobile self-contained van, trailer, or equipment used in providing dentistry services at multiple locations.	
40 CFR § 441.10 (e) The facility indicated in Section 1 above does not discharge any amalgam process wastewater to a Publically Owned Treatment Works (POTW), such as dental dischargers that collect all dental amalgam process wastewater for transfer to a Centralized Waste Treatment facility as defined in 40 CFR part 437.	
40 CFR § 441.10 (f) The facility indicated in Section 1 above is a Dental Discharger that do[es] not place dental amalgam, and do[es] not remove amalgam except in limited emergency or unplanned, unanticipated circumstances, and that certify such to the City of Everett (the Control Authority) as required in 40 CFR § 441.50 (completion of this One-Time Compliance Report).	
There are no exemptions that apply to this facility.	

Section 3: Description of Dental Office Equipment and Practices

Total number of chairs at the facility:	Total number of chairs at which dental amalgam may be present in the resulting wastewater:
Location of amalgam separator(s) and/or equivalent amalgam removal device(s):	

Amalgam Separator Information				
Manufacturer name	Model	Date installed	Number of chairs served	Compliant with 40 CFR §441.30(a)(1)i-ii?*

* Compliant with either the American National Standards Institute (ANSI) American National Standard/American Dental Association (ADA) Specification 108 for Amalgam Separators (2009) with Technical Addendum (2011) or the International Organization for Standardization (ISO) 11142 Standard (2008) or subsequent versions so long as that version requires amalgam separators to achieve at least 95% removal efficiency; and must be sized to accommodate the maximum discharge rate of the amalgam process wastewater.

Equivalent Amalgam Removal Device Information				
Manufacturer name	Model	Date installed	Number of chairs served	Compliant with 40 CFR §441.30(a)(2)i-iii?**

** Removal efficiency is determined by methods outlined in CFR §441.30(a)(2)i-ii; requires removal efficiency of at least 95% of the mass of solids from all amalgam process wastewater; and must be sized to accommodate the maximum discharge rate of amalgam process wastewater.

- Does a third-party service provider maintain the amalgam separator(s) and/or equivalent device(s)? ☐ Yes ☐ No

Third-Party Service Provider Information	
Name of provider (Legal name, company, or entity):	Contact person name:
Address of provider:	Provider phone:
	Provider e-mail:

If a third-party service provider is **NOT** used, please provide a brief description of practices employed by the facility to ensure proper operation and maintenance of the amalgam separator(s) and/or equivalent device(s) in accordance with 40 CFR §441.30 or §441.40.

- As part of this One-Time Compliance Report, the following boxes **must** be marked and initialed to certify each of the following statements:

"The Dental Discharger identified in this One-Time Compliance Report uses amalgam separator(s) and/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."	
"The Dental Discharger identified in this One-Time Compliance Report is implementing Best Management Practices (BMPs) specified in 40 CFR §441.30(b) or §441.40 and will continue to do so."	

Section 4: Certification Statement

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Signature of Authorized Representative*:** _____

Printed Name: _____ **Title:** _____ **Date:** _____

***Report must be signed as follows: Corporations, by a responsible corporate officer (president, secretary, treasurer, or vice-president) in charge of principal business function, or any other person who performs similar policy and decision making functions for the corporation; partnership, by a general partner; sole proprietorship, by the proprietor; (ref 40 CFR §403.12(l))

INTERNAL USE ONLY: Date received: _____ Received by: _____

Entered into system by: _____

Business exempt from regulation 40 CFR Part 441?

☐ Yes ☐ No

Original Form Date: March 23, 2018

Revision: 0

Revised: N/A