Facility and Contact Information

Facility Name: 
Physical Address: 
Mailing Address: 
Phone: 
Email: 

Owner(s) Names

Operator(s) Names

Primary Dental Practice (mark box to the left of your practice)

- Dental Clinic
- Pediatric
- Orthodontics
- Periodontics
- Prosthodontics
- Oral and Maxillofacial Radiology
- Oral and Maxillofacial Surgery
- Oral Pathology

Total number of dental chairs at this facility. ________________________________

Questions

1. Does your facility place, remove, or replace dental amalgam? Yes No NA

   If you answered 'No' or 'NA' to Question 1 please proceed to the Certification Statement on Page 2.

2. Does your facility place, remove, or replace dental amalgam more than three (3) days per year? Yes No NA

   If you answered 'No' or 'NA' to Question 2 please proceed to the Certification Statement on Page 2.
Dental Amalgam Separator Information

Make: ____________________________ Make: ____________________________
Model: __________________________ Model: ____________________________
Year Installed: ____________________ Year Installed: ____________________

Description of equivalent device (if applicable)

Total number of chairs at which amalgam may be present in the resulting wastewater. ______________

Service Provider: __________________________
Phone: __________________________
Email: __________________________

Description of practices if no service provider is contracted.

Certification Statement

I certify that the amalgam separator(s) or equivalent device is designed and will be operated and maintained to meet the requirements specified in 40 CFR Part 441.30 or 40 CFR Part 441.40. Yes No NA

I certify that this dental discharger is implementing BMPs specified in 40 CFR Part 441.30(b) or 40 CFR Part 441.40 and will continue to do so. Yes No NA

I agree to notify the City of Lynnwood Public Works Department if any significant changes are made to the operation of this facility regarding dental amalgam use. 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 known violations.

Name: ____________________________ Signature: ____________________________
Date: ____________________________