LYNNWOOD WASHINGTON
PUBLIC WORKS

One-Time Compliance Report

Submit to: City of Lynnwood
Attn: Pretreatment
20816 44th Ave W Suite 230
Lynnwood, WA 98036

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

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

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

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

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: _____