Subject: One Time Compliance Report

Dear Dental Facility,

On June 14, 2017, the US EPA published the new Dental Amalgam Standard (40 CFR 441). This rule requires dental offices that place and/or remove amalgam to install and maintain amalgam separators or equivalent devices. The regulation was developed to reduce discharges from dental offices into sewer systems of mercury that is present in amalgam used for fillings. Amalgam separators are a practical, affordable, and readily available technology for capturing mercury and other metals before they are discharged into sewers that drain to treatment plants. Once captured by a separator, mercury can be recycled.

For dental offices that discharge wastewater to the City of Jefferson’s sewer collection system, the City of Jefferson is the dental facilities pretreatment Control Authority. All dental facilities, unless they are exempt, are required to fill out a one-time compliance report. See the applicability section (§ 441.10) of the Dental Amalgam Standard to determine if your facility is required to submit a one-time compliance report.

Please fill out the report and submit by October 12, 2020. Reports are also available at www.jeffersoncitymo.gov/government/wastewater. Mail completed reports to the following address:

City of Jefferson
Wastewater Treatment Plant
320 E. McCarty St.
Jefferson City, MO 65101

EPA maintains a website with detailed information regarding the Dental Effluent Guidelines, www.epa.gov/eg/dental-effluent-guidelines including a section on frequently asked questions. The Fact Sheet and FAQs are easily readable, and may answer many if not all of your questions regarding the Dental Office Category regulation. The American Dental Association also maintains a very helpful website, ada.org/RecycleAmalgam that provides additional practical information. It provides additional information from a dental practice perspective.

If there are any questions, contact Clara Haenchen at: chaenchen@jeffcitymo.org or 573-634-6502.

Clara Haenchen
City of Jefferson
Wastewater Treatment Plant Manager
This form contains the minimum information dental facilities must submit in a one-time compliance report as required by the Effluent Limitations Guidelines and Standards for the Dental Office Category (“Dental Amalgam Rule”) established by the Environmental Protection Agency (EPA). Some dental facilities are not required to submit a one-time compliance report. See the applicability section (§ 441.10) to determine if your facility is required to submit a one-time compliance report.

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 One Time Compliance Report and make it available for inspection in either physical or electronic form.

Completed reports should be mailed by October 12, 2020 to the following:

City of Jefferson
Wastewater Treatment Plant
320 E. McCarty St.
Jefferson City, MO 65101

General Information:

Dental Facility Name:

Physical Address of Dental Facility:

Mailing Address (If Different from Physical Address):

Name of Wastewater Utility:  
Billing Address:

Dental Facility Contact/Title:  
Phone:

Mailing Address (If Different from above):  
Email:

Name of Owner(s):  
Phone:

Name of Dental Facility Operators(s) if Different from Owner(s)  
Phone:

Applicability: Please Select One of the Following

☐ This facility is a dental discharger subject to this rule (40 CFR Part 411) and it places or removes dental amalgam. Complete sections A,B,C,D,E

☐ 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.

☐ Only if applicable: Transfer of Ownership (40 CFR 441.50(a)(4))-This facility is a dental discharger subject to this rule (40 CFR Part 411) 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.

☐ This facility is not subject to this rule. Complete section E only.
Section A: Description of Facility
Total number of chairs:__________
Total number of chairs at which amalgam may be present in the result of wastewater (i.e. chairs where amalgam may be placed or removed: __________

Description of any amalgam separator(s) or equivalent devices currently operated:

The facility discharged amalgam process wastewater prior to July 14, 2017 under any ownership: Yes ☐ No ☐

Section B: Description of Amalgam Separator or Equivalent Device:
Check one of the following:
☐ 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. Please fill out table below.

Number of Chairs:__________

☐ 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. Please fill out table below.

Number of Chairs:__________

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<th>Make</th>
<th>Model</th>
<th>Year of Installation</th>
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Please fill out table below if your facility operates an equivalent device as determined per §441.30(a)(2)i-iii

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<tr>
<th>Make</th>
<th>Model</th>
<th>Year of Installation</th>
<th>Avg. Removal Efficiency of Equivalent Device</th>
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Section C: Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

☐ 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

☐ A third-party provider is under contract with this facility to ensure proper operation and maintenance in accordance with §441.30 or §441.40.

Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device:

____________________________________________

☐ If none, provide a description in the space below of the practices employed by the facility to ensure proper operation and maintenance in accordance with §441.30 or §441.40.

Describe practices:

Section D: Best Management Practices (BMP) Certifications:

☐ The above named 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 publicly owned treatment works (e.g. municipal sewage system)
- 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 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 and Signature

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