



# CENTRAL WEBER SEWER IMPROVEMENT DISTRICT

## ONE-TIME DENTAL COMPLIANCE REPORT

<b>FACILITY NAME:</b>	
<b>FACILITY ADDRESS:</b>	<b>MAILING ADDRESS:</b>

<b>Name(s) of Owner(s):</b>	
<b>Name(s) of Operator(s) if different from Owner(s):</b>	
<b>Dentist(s):</b>	
<b>Facility Contact:</b>	
<b>Facility Contact Phone Number:</b>	
<b>Facility Contact Email:</b>	

**Applicability: Please Select One of the Following**

<input type="checkbox"/>	This facility is a dental discharger subject to this rule ( <a href="#">40 CFR Part 441</a> ) and it places or removes dental amalgam. <b>Complete sections A, B, C and D</b>
<input type="checkbox"/>	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. <b>Complete section D only</b>
<b>(Also, select if applicable) Transfer of Ownership (<a href="#">§ 441.50(a)(4)</a>)</b>	
<input type="checkbox"/>	This facility is a dental discharger subject to this rule ( <a href="#">40 CFR Part 441</a> ), 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 <a href="#">§ 441.50(a)(4)</a> .

**Section A**

**Description of Facility and Amalgam Separator**

Total number of chairs:			
Total number of chairs at which amalgam may be present in the resulting Wastewater (i.e., chairs where amalgam may be placed or removed):			
<input type="checkbox"/>	The dental facility has installed one or more ISO 11143 compliant amalgam separators that captures all amalgam containing waste at the number of chairs written above.		
AMALGAM SEPARATOR			
MAKE:	MODEL:	SERIAL NUMBER:	YEAR OF INSTALLATION:

**Section B**

**Design, Operation and Maintenance of Amalgam Separator**

<input type="checkbox"/>	<b>YES</b>	I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in <a href="#">§ 441.30</a> or <a href="#">§ 441.40</a> .
Is a third-party service provider under contract with this facility to ensure proper operation and maintenance in accordance with <a href="#">§ 441.30</a> or <a href="#">§ 441.40</a> .		
<input type="checkbox"/>	<b>YES</b>	Name of third-party service provider that maintains the amalgam separator:
<input type="checkbox"/>	<b>NO</b>	If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with <a href="#">§ 441.30</a> or <a href="#">§ 441.40</a> below.
Describe practices:		

**Section C**

**Best Management Practices (BMP)**

<input type="checkbox"/>	<b>YES</b>	The above named dental discharger is implementing the following BMPs as specified in <a href="#">§ 441.30(b)</a> or <a href="#">§ 441.40</a> and will continue to do so.
<ul style="list-style-type: none"> <li>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 the publicly owned treatment works.</li> <li>Dental unit water lines, chair-side traps, vacuum lines that discharge amalgam process wastewater to the public owned treatment works 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).</li> </ul>		

**Section D**

**Certification Statement**

Per <a href="#">§ 441.50(a)(2)</a> , 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 <a href="#">§ 403.12(l)</a> .	
<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 <a href="#">§ 403.12(l)</a> 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 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."</i>	
Authorized Representative Name (print 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 One Time Compliance Report and make it available for inspection in either physical or electronic form.
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Please mail completed original form to:

**CENTRAL WEBER SEWER IMPROVEMENT DISTRICT  
ATTN: PRETREATMENT  
2618 WEST PIONEER ROAD  
OGDEN, UTAH 84404**