



# Dental Office Dischargers: One-Time Compliance Report

In accordance with federal and local law (Title 40 of the Code of Federal Regulations Part 441 and Chapter 15-10 of the Austin City Code), **effective July 14, 2017**, this form must be completed and returned by the applicable due date to the following address:

**City of Austin / Austin Water  
Special Services Division / Office of Industrial Waste  
3907 S Industrial Dr, Ste 100  
Austin, TX 78744-1070**

Dental offices in operation on or before the effective date above (existing offices) must submit this report as soon as possible, since the October 12, 2020 due date for existing offices has passed. Dental offices established after the effective date (new offices), or for any existing office that transfers ownership after the effective date, this report must be submitted no later than **90 days** after: commencement of discharge from the new office; or the effective date of the transfer of ownership, respectively.

## IDENTIFYING INFORMATION

Dental Office Info	
Office Name	Owner Name (legal name of person, company, or entity)

Dental Office Physical Address			Dental Office Mailing Address		
Street Address (including building and/or suite ID)			Mailing Address		
City	State	Zip Code	City	State	Zip Code

Dental Office Contact Info	
Contact Name	( ) - ext. Primary Phone
Contact E-mail Address	( ) - ext. Secondary Phone

Owner of Property where Dental Office is Operated (if same as above, mark box here: <input type="checkbox"/> )	
Name (legal name of person, company or entity)	Title (if applicable)

Property Owner Mailing Address			Property Owner Contact Information
Mailing Address			( ) - ext. Primary Phone
City	State	Zip Code	E-mail Address



Dental Office Ownership Type:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
	<input type="checkbox"/> Governmental Agency	<input type="checkbox"/> Other Institutional Organization	

Key Dates	
Date that Dental Office Operation Started at Facility	Effective Date of Most Recent Ownership Transfer of Dental Office

**Authorized Representative for Dental Office**  
 Identify an Authorized Representative for the dental office below. For a corporation this must be a responsible corporate officer meeting the requirements of 40 CFR 403.12(l)(1). For partnerships or sole proprietorships this must be a general partner or proprietor, respectively. For government agencies or institutional organizations this must be the director or highest appointed official designated to oversee the business operations.

Printed Name	Signature of Authorized Representative
Title	(      ) -      ext. Telephone No.

**Duly Authorized Representative for Dental Office** (not valid without signature of Authorized Representative above)

A "Duly Authorized Representative" may be authorized by the Authorized Representative identified above to sign and certify this report if the specified person holds a position with responsibility for the overall operations of the office or overall responsibility for environmental matters for the office in accordance with 40 CFR 403.12(l)(3).

Printed Name	Signature of Duly Authorized Representative
Title	(      ) -      ext. Telephone No.

**REGULATORY EXEMPTIONS CLAIMED**

Based on any of the following criteria, a dental office may qualify for an exemption from: amalgam separator installation and maintenance requirements; and implementation of prescribed best management practices (BMPs). Mark the box or boxes below and include your initials to certify each exemption claimed. If claiming a regulatory exemption, proceed to the Compliance Certification section, otherwise proceed to the Process and Maintenance Information section.

- "The dental office identified exclusively practices one or more of the following dental specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics."  
 \_\_\_\_\_ (initials).
- "The dental office identified conducts all dental services from one or more mobile units (defined as a specialized mobile self-contained van, trailer or other equipment used in providing dentistry services at multiple locations)."  
 \_\_\_\_\_ (initials).
- "The dental office identified collects all dental amalgam process wastewater for transfer and hauling to a Centralized Waste Treatment facility as defined in 40 CFR 437."  
 \_\_\_\_\_ (initials).
- "The dental office identified does not place or remove dental amalgam, except in limited emergency or unplanned, unanticipated circumstances (according to the rules this means that, on average, less than 5% of the removal procedures involve dental amalgam, and that the office does not stock amalgam capsules or accept new patients with amalgam fillings)."  
 \_\_\_\_\_ (initials).

## PROCESS AND MAINTENANCE INFORMATION

### Process Overview

Total Number of Chairs at the Dental Office

Number of chairs in which dental amalgam wastewater may be produced

Number of Amalgam Separators or Equivalent Amalgam Removal Devices Installed

### Amalgam Separator Information

Manufacturer Name	Model	Year Installed	Number of Chairs Served	Is Separator Certified Under ISO 11143 Standard?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

### Equivalent Amalgam Removal Device Information

Manufacturer Name	Model	Year Installed	Number of Chairs Served	Average Removal Efficiency of Equivalent Amalgam Removal Device as Determined by 40 CFR 441.30(a)(2)(i-iii)

Is a 3rd party service provider used in maintaining amalgam separators or equivalent devices?       Yes       No

### 3rd Party Service Provider (if applicable)

Name (legal name of person, company or entity)		Contact Person Name	
		(     )     -     ext.	
Street Address		Primary Phone	
City	State	Zip Code	E-mail Address

If a 3<sup>rd</sup> party service is not used for such services, provide a brief description of in-house practices employed by the dental office to ensure proper operation and maintenance of these separators or devices in accordance with 40 CFR 441.30 and 40 CFR 441.40:

**PROCESS AND MAINTENANCE CERTIFICATION**

Required for offices that have an amalgam separator installed. Mark both boxes below and include initials to certify each of the following statements set forth in the regulations:

"The dental office identified uses amalgam separator(s) 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."

\_\_\_\_\_ (initials).

"The dental office identified is implementing BMPs specified in 40 CFR 441.30 or 441.40, including the prohibition of the discharge of waste amalgam to the sanitary sewer system; and the prohibition of the use of oxidizing and acidic cleaning products on plumbing fixtures and lines that convey amalgam wastes."

\_\_\_\_\_ (initials).

**COMPLIANCE CERTIFICATION**

The Authorized Representative, or Duly Authorized Representative as identified in accordance with 40 CFR 403.12(l), must sign this statement.

***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 knowing violations.***

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Received Date	Entered by and Date	Exemption Claimed