



City of Santa Barbara One -Time Compliance Report for Dental Dischargers [40 CFR § 441.50]

General Information

Name of Dental Practice:	
Physical Address:	
Mailing Address:	
Phone:	
Email:	
Owner/Operator:	

Please Select One of the Following

<input type="checkbox"/>	This practice is a dental discharger subject to 40 CFR 441.50 as it places or removes dental amalgam.
<input type="checkbox"/>	This practice is a dental discharger subject to 40 CFR 441.50 and does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances.

Section A

Description of Facility

Total Number of Chairs:
Total Number of Chairs at which amalgam placement or removal occurs:
Narrative Description:

Section B

Description of Amalgam Separator or Equivalent Device

<input type="checkbox"/>	My Facility has installed one or more ISO 11143 compliant amalgam separators (or equivalent devices) that captures all amalgam containing waste from the above identified chairs in section A where amalgam is placed or removed.		
<input type="checkbox"/>	My facility has one or more existing amalgam separators installed prior to { June 9, 2017 } at the following number of chairs at which amalgam placement or removal occurs { }. I understand that each existing amalgam separator installed prior to { } must be replaced with one or more ISO 11143 compliant amalgam separators (or equivalent devices), after its lifetime has ended, and no later than (date 10 years later – from the date of installation).		
	Make	Model	Year of installation
<input type="checkbox"/>	My facility operates an equivalent device		
	Make	Model	Year of installation
			Average removal efficiency of equivalent device as per determined per 40 CFR 441.30 (a)(2)i-iii

Section C

Design, Operation, and Maintenance of Amalgam Separator/ Equivalent Device

<input type="checkbox"/>	Yes	The amalgam separator (or equivalent device) is designed and I operated and maintained to meet the requirements of 40 CFR §441.30 or §441.40	
A third party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with 40 CFR §441.30 or §441.40			
<input type="checkbox"/>	Yes	Name of Service provider:	
<input type="checkbox"/>	No	If no, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with 40 CFR §441.30 or §441.40	

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**Section D
BMP Certifications**

<input type="checkbox"/>	<p>The above named dental discharger is implementing the following Best Management Practices as specified in 40 CFR §441.30 or §441.40 and will continue to do so.</p> <ul style="list-style-type: none"> • Waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, is not discharged to a Publically Owned Treatment Works (POTW) (e.g. municipal sewage system). • Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a POTW must not be cleaned with oxidizing or acidic cleaners that may increase the leaching of solid mercury.
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**Section E
Certification Statement**

<p>“I _____, am a duly authorized representative 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 the 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 fines and imprisonment for knowing violations.</p>	
Authorized Signatory Representative Name:	
Authorized Signatory Representative Signature:	Date:

For Office Use Only	
Exempt	
Follow up	
Date Recv'd	
P /IW initials	