

COMPLIANCE STATEMENT FOR DENTAL OFFICE WASTEWATER DISCHARGERS
to Comply with 40 CFR 441.50 – Dental Amalgam
Effluent Limitations Guidelines and Standards for the Dental Office Category
aka, the “DENTAL AMALGAM RULE”

Instructions: please complete this form as directed below and return to the Hatfield Township Municipal Authority.

This form is to be completed by dental services providers in order to establish the applicability of this regulation to their practices and if applicable, for submitting pertinent information to certify compliance with the pretreatment requirements established for discharge of dental amalgam wastes to the public sewer. (To determine applicability to your facility and compliance with dental amalgam management requirements, see the EPA-Fact Sheet with FAQs and related web-links included with this form, or otherwise available via the “pretreatment” tab at our website - www.htmasewer.com).

All “New Sources” are required to be in compliance with “The Rule” immediately upon start-up and submit this “one-time” written certification to the HTMA no later than 90-days after commencing affected discharge activities. Also note, whenever an existing dental practice is sold, the new owner is required to continue to comply with the “Rule” and provide a new certification for the facility.

(Please refer to the information resources mentioned above and contact the HTMA with any questions you may have).

General Information

Name of Facility:			
Service start date:			
Physical Address of Dental Facility			
City:		State:	
Zip:			
Mailing Address			
City:		State:	
Zip:			
Facility Contact			
Phone:		Email:	
Names of Owner(s):			
Names of Operator(s) if different from Owner(s):			

Section A - Applicability (please select one of the following):

<input type="checkbox"/>	This facility is a dental discharger subject to this rule (40 CFR Part 441) and it places or removes dental amalgam. <i>Complete sections B, C, D, and E as applicable.</i>
<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. <i>Complete section E only.</i>
<input type="checkbox"/>	This facility is a dental discharger exclusively performing exempted specialty services and is <u>not</u> subject to any requirements under the Rule. <i>Complete section E only.</i>
	<i>(Also, select if applicable) Transfer of Ownership</i>
<input type="checkbox"/>	This facility is a dental discharger subject to this rule (40 CFR Part 441), 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 § 441.50(a)(4) . <i>Complete sections B, C, D, and E.</i>

Section B - Description of Amalgam Separator or Equivalent Device - (check boxes if applicable)

<input type="checkbox"/>	This (new) 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:	Chairs:																				
<input type="checkbox"/>	This (existing) dental facility installed prior to July 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 July 14, 2027, whichever is sooner. <i>(for ownership transfer recertification)</i>	Chairs:																				
<table border="1"> <thead> <tr> <th>Make</th> <th>Model</th> <th>Year of installation</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Make	Model	Year of installation																	
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<input type="checkbox"/>	My facility operates an equivalent device.																					
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Section C - Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

<input type="checkbox"/>	YES	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 service provider is under contract with this facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40 .			
<input type="checkbox"/>	YES	Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):	
<input type="checkbox"/>	NO	If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40 .	
Describe practices:			

Describe practices (cont.):

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 Statement

This Compliance Statement/ Survey 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	

Retention Period; per [§ 441.50\(a\)\(5\)](#) (for affected facilities making their "one-time" Compliance Report)

As long as a Dental facility subject to this Rule is in operation, or until ownership is transferred, the Dental facility, or an agent or representative of the dental facility, must maintain a copy of this Compliance Report and make it available for inspection in either physical or electronic form.