



**SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
Wastewater Source Control Section**

Dental Discharger One-Time Compliance Report

This form complies with the Code of Federal Regulations (CFR) Title 40 Part 441

You must keep a copy of this Report for as long as you are in operation or until ownership is transferred

FOR QUESTIONS

- Call the Wastewater Source Control Section at (916) 875-6470
- Email the Wastewater Source Control Section at amalgamrecovery@sacsewer.com

INSTRUCTIONS

- Please read the *Dental Discharger Amalgam Wastewater Compliance Program* brochure and this form's instructions and sections carefully to ensure that the form is filled out completely
- Dental Dischargers, as defined below, in Regional San's service area must fill out this form
 - The Regional San service area includes unincorporated Sacramento County; the cities of Citrus Heights, Elk Grove, Folsom, Rancho Cordova, Sacramento, and West Sacramento; and the communities of Courtland and Walnut Grove
- Print legibly or type
- The form must be signed by an owner, partner, corporate officer, or government entity director
- Submit the form via fax or mail to the number or address on page 5
- Dental Dischargers in buildings with a shared vacuum system are responsible for their own compliance, including ensuring that their amalgam wastewater is captured by an amalgam separator, and must complete and submit a signed One-Time Compliance Report

DENTAL DISCHARGER DEFINITION AND COMPLIANCE DATES

A dental discharger is a facility where the practice of dentistry is performed, including, but not limited to, institutions, permanent or temporary offices, clinics, home offices, and facilities owned and operated by Federal, state, or local governments, that discharges wastewater to a publicly owned treatment works (POTW).

New Dental Dischargers must comply upon initial discharge to the sewer, and submit the One-Time Compliance Report to Regional San within 90 days of initial discharge.

Upon transfer of ownership of a facility, the new owner must submit a new One-Time Compliance Report to Regional San no later than 90 days after the date of transfer.

SEWER USE REQUIREMENTS

In addition to compliance with 40 CFR Part 441 (EPA Dental Regulations), dental dischargers must comply with Regional San's Consolidated Ordinance which addresses prohibited and regulated discharges. **In particular, hazardous waste and any wastewater having a pH less than 5 or greater than or equal to 12.5 cannot be discharged to the sewer.** Please visit regionalsan.com for more information on the Consolidated Ordinance.



PRACTICE INFORMATION

Practice Name

Practice Owner(s)/Operator(s)	
Name (legal name of person(s), company or entity)	Title(s) (if applicable)

Practice Address			Mailing Address <input type="checkbox"/> Same as Practice Address		
Street Address	Suite		Street Address	Suite	
City	State	Zip Code	City	State	Zip Code
Is this a transfer of ownership? (§ 441.50(a)(4)):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, date of transfer:		

Practice Contact Information	
Name	Title
Phone Number	Email



Applicability: Please select one of the following

<input type="checkbox"/>	<p>1) This practice is a dental discharger subject to this rule (40 CFR Part 441) and places or removes dental amalgam. Complete sections A, B, C, and D</p>
<input type="checkbox"/>	<p>2) This practice is a dental discharger subject to this rule and (1) does not place dental amalgam, and (2) does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. Complete section D only</p>
<input type="checkbox"/>	<p>3) This practice is not subject to this rule for the following reason:</p> <ul style="list-style-type: none"> <input type="checkbox"/> It exclusively practices one or more of the following specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics (§ 441.10 (c)) <input type="checkbox"/> It is a mobile unit as defined by § 441.20(h) (§ 441.10 (d)) <input type="checkbox"/> It does not discharge any amalgam process wastewater to a publicly owned treatment works (all amalgam process wastewater is collected and shipped to a Centralized Wastewater Treatment facility for treatment) (§ 441.10 (e)) This does not apply to practitioners of endodontics or general or pediatric dentistry if the vacuum system discharges to the sewer even if an amalgam separator has been installed (1 above) or amalgam is not placed or removed (2 above). <p>Complete section D only</p>

SECTION A – DESCRIPTION OF DENTAL FACILITY

Did this practice discharge amalgam process wastewater prior to July 14, 2017, under any ownership?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Total number of chairs in the dental practice:		Total number of chairs at which amalgam replacement or removal occurs:
Type of Practice Location:	<input type="checkbox"/> Single practice building	<input type="checkbox"/> Multi practice building <input type="checkbox"/> Institution <input type="checkbox"/> Temporary
Amalgam Separator Owner Name: (Company name if property management firm)		Amalgam Separator Owner Type: (individual practice, building owner, property manager, etc.)
List any other practices that share the amalgam separator:		



SECTION B – AMALGAM SEPARATOR INFORMATION

Amalgam Separator Information

- The dental facility has installed one or more compliant amalgam separators or equivalent devices that capture all amalgam containing wastewater discharge at all chairs where amalgam will be removed or placed.
- The dental facility installed an existing amalgam separator(s) prior to June 14, 2017, that does not meet the requirements of 40 CFR § 441.30(a)(1)(i) and (ii) by capturing all dental amalgam at all chairs where amalgam will be removed or placed. I understand that such separator must be replaced with one that meets the requirements of § 441.30(a)(1) or § 441.30(a)(2), once it requires replacement, but no later than June 14, 2027, whichever occurs first.

Manufacturer	Model	Year Installed	Number of Chairs Served	ISO 11143 Standard (2008) or ANSI/ADA Certified
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<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	Model	Year Installed	Number of Chairs Served	Average Efficiency removal equivalent to ISO 11134 as determined by 40 CFR § 441.30 (a)(2)i-iii



SECTION C – OPERATION AND MAINTENANCE

Choose One Option Below

<input type="checkbox"/>	A third party service provider is under contract to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40. Provide company name of third party service provider below.
<input type="checkbox"/>	If a third party service provider is not used for maintenance, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40. (inspections, cartridge replacements, etc - refer to § 441.30(a)(1)(iv-vi) and 441.50(b)).

SECTION D – COMPLIANCE CERTIFICATION STATEMENT

By signing this form, I certify the following:

- The amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in § 441.30 or § 441.40.
- The above named dental discharger is implementing the following BMPs as specified in § 441.30(b) or § 441.40(b) 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, is not discharged to a publicly owned treatment works (e.g., municipal sewage system).**
 - **Dental unit wastewater 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 or those that have a pH lower than 6 or greater than 8 (i.e. cleaners that may increase the dissolution of mercury).**



Per § 441.50(a)(2), the One-Time Compliance Report must be signed and certified by a **responsible corporate officer**, an **owner**, a **general partner or proprietor** if the dental facility is a partnership or sole proprietorship, or **government entity director** 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 government entity director 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."

Name (Print)

Title (President, Owner, Partner, etc)

Name (Signature)

Date

Retain a copy of this Report

**This form must be printed, signed, and submitted via mail or fax.
Electronic signatures and pdfs submitted via email cannot be accepted.**

Submit To

Sacramento Regional County Sanitation District (Regional San)
Wastewater Source Control Section (WSCS)
10060 Goethe Road
Sacramento, CA 95827
Fax: (916) 854-9286

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.