



## Industrial Pretreatment Program Dental Amalgam One-Time Compliance Report

### Instructions:

Regulations for mercury discharges from dental office (dischargers) have been established in the U.S. Code of Federal Regulations (CFR), Title 40: Protection of Environment. These Dental Effluent Guidelines are located at 40 CFR Part 441. Your facility is required to complete the Dental Amalgam One-Time Compliance Report, because it discharges its wastewater to the City of Lancaster Wastewater Treatment Facility. The City of Lancaster is required to identify all dental offices in its service area that are subject to the rule, notify these offices of the applicable requirements, and ensure that the offices comply with the rule.

1. All offices must complete Section A and Section B and have an Authorized Representative sign under Section D. Non-exempt offices must also complete Section C and check the certification boxes at Section D.1 and D.2.

2. Return this form to:

City of Lancaster Wastewater Treatment Facility  
Attn. Pretreatment  
1220 New Danville Pike  
Lancaster, PA 17603

- a. New Users - Any office that begins to discharge to the City of Lancaster after July 14, 2017 must return this form within 90 days after commencement of discharge.
- b. Existing Users - Any office that was discharging to the City of Lancaster prior to July 14, 2017 must return this form by July 1, 2020.

### IMPORTANT:

Falsification of information on this form or failure to respond may be grounds for termination of service or result in civil and/or criminal penalties.

**Section A: General Information**

1. Please select your status:

Dental Discharger - Non-exempt

-or-

Dental Discharger - Exempt (please select reason):

Our office exclusively practices one or more of the following dental specialties: Oral Pathology, Oral and maxillofacial radiology, Oral and maxillofacial surgery, Orthodontics, Periodontics, Prosthodontics

Operate a mobile unit exclusively

Our office does not discharge any amalgam process wastewater to WWTF. All dental amalgam process wastewater is collected and transferred to a Centralized Waste Treatment Facility, as defined in 40 CFR Part 437. Please name the transporter and destination:

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Our office does not place amalgam and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. \*If you claim this exemption, you must check the certification box in Section D.3.

2. If a One-Time Compliance Report was previously submitted, check all changes that apply:

Change in ownership

Change in exempt status

Change in location

Facility name change

**Section B: Dental Discharger Information**

1. Facility Name:	
2. Facility Physical Address:	
3. Mailing Address (if different):	
4. Facility Telephone:	
5. Name of Owner/Operator:	
6. Person to whom any further Inquiries should be directed:	
7. Title:	
8. Phone:	
9. Email:	

**Section C: Description of Operations (to be completed by non-exempt dischargers)**

1. What is the total number of chairs at this facility? \_\_\_\_\_
2. What is the total number of chairs at this facility at which dental amalgam may be present in the resulting wastewater? \_\_\_\_\_
3. Please provide information on all amalgam removal device(s) in use at this facility:

*Attach additional pages if necessary.*

Type of Amalgam removal device:	<input type="checkbox"/> Amalgam Separator <input type="checkbox"/> Amalgam removal device other than an amalgam separator
Location:	<input type="checkbox"/> Centralized <input type="checkbox"/> Chairside
Make:	
Model:	
Year of installation:	
Max. water flow rate of device (provided by manufacturer):	

Type of Amalgam removal device:	<input type="checkbox"/> Amalgam Separator <input type="checkbox"/> Amalgam removal device other than an amalgam separator
Location:	<input type="checkbox"/> Centralized <input type="checkbox"/> Chairside
Make:	
Model:	
Year of installation:	
Max. water flow rate of device (provided by manufacturer):	

Type of Amalgam removal device:	<input type="checkbox"/> Amalgam Separator <input type="checkbox"/> Amalgam removal device other than an amalgam separator
Location:	<input type="checkbox"/> Centralized <input type="checkbox"/> Chairside
Make:	
Model:	
Year of installation:	
Max. water flow rate of device (provided by manufacturer):	

4. For amalgam removal devices **other than amalgam separator**, a demonstration of the following requirements must be provided:
- a. Removal efficiency of at least 95 percent of the mass of solids from all amalgam process wastewater. The removal efficiency must be calculated in grams recorded to three decimal places, on a dry weight basis. The removal efficiency must be demonstrated at the maximum water flow rate through the device as established by the device manufacturer's instructions for use.
  - b. The removal efficiency must be determined using the average of three performance samples. The removal efficiency must be demonstrated using a test sample of dental amalgam that meets the following particle size distribution specifications: 60 percent by mass of particles that pass through a 3150  $\mu\text{m}$  sieve but which do not pass through a 500  $\mu\text{m}$  sieve, 10 percent by mass of particles that pass through a 500  $\mu\text{m}$  sieve but which do not pass through a 100  $\mu\text{m}$  sieve, and 30 percent by mass of particles that pass through a 100  $\mu\text{m}$  sieve. Each of these three specified particle size distributions must contain a representative distribution of particle sizes.
  - c. The device(s) must be sized to accommodate the maximum discharge rate of amalgam process wastewater.

Please provide the following device demonstration information:

*Attach additional pages if necessary.*

Removal Efficiency (%-based on avg. of 3 performance samples):	
Max. water flow rate established by manufacturer:	
Water flow rate used in test:	
Performance Sample Results:	
Performance Sample 1 Removal Efficiency:	
Performance Sample 2 Removal Efficiency:	
Performance Sample 3 Removal Efficiency:	

5. Does the facility use a third-party service provider to maintain the amalgam separator(s) or equivalent devices(s)?

**YES:** Name of Service Provider: \_\_\_\_\_

**NO:** Please provide a brief description of the practices employed by your office to ensure proper operation and maintenance in accordance with §441.30 or §441.40.

*Describe Practices:*

**Section D: Certification Statements and Signature**

1.  I certify that all amalgam process wastewater is treated by one or more amalgam separators, or amalgam removal devices and that the amalgam separator(s) or equivalent devices(s) is designed and will be operated and maintained to meet the requirements specified in §441.30 or §441.40.
2.  I certify that my office is implementing the Best Management Practices (BMPs) specified in §441.30(b) or §441.40(b) and will continue to do so.  
-or-
3.  Exemption Certification - Our office does not place amalgam and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances.

“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.”

**Certified By:**

<b>Printed Name of Authorized Representative*:</b>	
<b>Title:</b>	
<b>Signature:</b>	
<b>Date:</b>	

**Note to signing official:** *In accordance with Title 40 of the Code of Federal Regulations, Part 403, Section 14, information and date provided in this survey which identifies the nature and frequency of discharge shall be available to the Public without restriction. Requests for confidential treatment of other information must be asserted at the time of submittal.*

*An Authorized Representative is a President, Secretary, Treasurer, or Vice-president of the Corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the Corporation; a general Manager or proprietor of a partnership or sole proprietorship; or a person designated in writing by a person described above provided that the written designation has been submitted to the City of Lancaster.
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<b>For City of Lancaster use only:</b>	
Date received:	
Reviewed by:	
Date Reviewed:	