



**EL DORADO IRRIGATION DISTRICT**  
**Industrial Pretreatment and Pollution Prevention (IPP) Program**

**Dental Discharger One-Time Compliance Report**

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

Regulations for mercury discharges from dental offices (dischargers) have been established in the U.S. Code of Federal Regulations (CFR), Title 40, Part 441 effective July 14<sup>th</sup> 2017. El Dorado Irrigation District (EID) is required by this regulation to identify all dental offices in its service area, notify them of the applicable requirements, and ensure that all the offices comply with this regulation. As such, your dental practice is required to submit the following **Dental Amalgam One-Time Compliance Report** and submit it to EID's Industrial Pretreatment and Pollution Prevention (IPP) Program if your dental office discharges wastewater to EID's sanitary sewer system.

U.S. Code of Federal Regulations (CFR), Title 40, Part 441 and information regarding this regulation may be found on EID's website: [www.eid.org/DentalAmalgam](http://www.eid.org/DentalAmalgam)

*Select one of the following options to determine your practices compliance date.*

<input type="checkbox"/>	Dental facilities newly connected to EID's sewer system <b>after July 14th 2017</b> : Comply immediately with CFR, Title 40, Part 441 and submit the following One-Time Compliance Report <b>within 90 days of commencement of discharge.</b>
<input type="checkbox"/>	Dental facilities that have had a <b>transfer of ownership after July 14, 2017</b> : Comply immediately with CFR, Title 40, Part 441 and submit the following One-Time Compliance Report <b>within 90 days of commencement of discharge.</b>
<input type="checkbox"/>	Dental facilities under current ownership <b>before July 14<sup>th</sup> 2017</b> : Comply with CFR, Title 40, Part 441 by <b>July 14<sup>th</sup> 2020</b> , and submit the following One-Time Compliance Report no later than <b>October 12<sup>th</sup> 2020.</b>

**For Questions**

- Call EID's IPP Program at (530) 295-6867
- Email EID's IPP Program at [ipp@eid.org](mailto:ipp@eid.org)
- Visit EID's Website at [www.eid.org/DentalAmalgam](http://www.eid.org/DentalAmalgam)

**Instructions**

- Please read the instructions and each section carefully to ensure that the form is filled out completely.
- Print legibly or type.
- The form must be signed by an owner, partner, corporate officer, or government entity director.
- Submit a new form with a transfer of ownership, change of amalgam separator, or change in third party amalgam separator maintenance provider.
- 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.

**General Information**

Name of Practice:			
Physical Address:			
Mailing Address (if different):			
Practice Contact:			
Name:		Title:	
Phone:		Email:	
Name(s) of Owner(s)/Operator(s)/ Corporate Officer(s):			
Other Dentists at this Practice:			

If this is your facilities first time submitting this One-Time Compliance Report, select one of the following three (3) options to determine exemption status:

<input type="checkbox"/>	<p>This practice is a dental discharger that places and removes dental amalgam.  <i>This practice is <b>not exempt</b> from and is subject to this rule: 40 CFR, Part 441.</i>  <b>Complete sections A, B, C, D, and E.</b></p>
<input type="checkbox"/>	<p>This practice is a dental discharger subject to this rule and (1) <b>does not place</b> dental amalgam, and (2) <b>does not remove</b> amalgam except in limited emergency or unplanned, unanticipated circumstances. *</p> <p style="padding-left: 40px;"><i>This practice is <b>exempt</b> from and is not subject to this rule: 40 CFR, Part 441.</i></p> <p><b>Complete section E only</b></p> <p>* Limited emergency or unplanned, unanticipated circumstances are defined as less than 5% of the total restorative procedures performed.</p> <p><b>Example:</b></p> <ul style="list-style-type: none"> <li>• 2 restorative chairs in dental office x 25 restorative procedures (RPs) per week/ chair = 50 total RPs / week x 52 weeks/year = 2,600 RPs/ Year</li> <li>• Number of RPs involving the removal of amalgam/ week = 2 x 52weeks/year = 104 RPs/year</li> <li>• 104 Amalgam RPs / 2,600 Total RPs = 0.04 x 100= 4% → Exempt</li> </ul> <p><i>Show calculations to document exemption based on your practices removal of amalgam only in limited emergency or unplanned, unanticipated circumstances as shown in the example above</i></p>

<p>This practice is not subject to this rule for the following reason (s): <i>Check all applicable boxes</i>  <i>This practice is <b>exempt</b> from and is not subject to this rule: 40 CFR, Part 441. <b>Complete section E only.</b></i></p>	
<input type="checkbox"/>	The practice <b>exclusively</b> practices one or more of the following specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or
<input type="checkbox"/>	The practice is a mobile unit as defined by § 441.20(h)
<input type="checkbox"/>	The practice 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 or is connected to a septic system)

If your facility has previously submitted a One-Time Compliance Report and there has been a change in the practice as defined in the options below, select all options that apply:

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 due to one of the following changes to the practice as required by § 441.50:	
<input type="checkbox"/>	Change of name, ownership or practice location
<input type="checkbox"/>	Change in the amalgam separator maintenance provider
<input type="checkbox"/>	Change or replacement of the amalgam separator unit
<input type="checkbox"/>	Change in practice that now makes the practice exempt from rule 40 CFR Part 441
	<i>Describe</i>

**Section A**

**Description of facility**

Type of Practice:	<input type="checkbox"/> General <input type="checkbox"/> Pediatric <input type="checkbox"/> Endodontist <input type="checkbox"/> Other:			
Total number of dental chairs (total of all hygiene, restorative, or combination dental chairs for treatment of patients):				
Total number of chairs at which amalgam placement 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
Entity who owns/operates the Amalgam Separator: <i>Name and Type (individual practice, building owner, property)</i>				
List any other practices that share the amalgam separator:				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	This facility discharged amalgam wastewater prior to July 14, 2017 under any ownership (If no, compliance is required immediately; if yes, compliance is required by July 14, 2020)		

**Section B**

**Description of amalgam separator or equivalent device**

To determine if your practice's amalgam separator unit compliance with 40 ,CFR, Part 441, EID recommends contacting the manufacturer. Select one of the following two (2) options and complete the associated information

**Option 1**

<input type="checkbox"/>	This facility installed prior to June 14, 2017 one or more existing amalgam separators <b>not compliant</b> with 40 CFR Part 441.30(a)(1)(i) and (ii) that captures all amalgam containing waste at the following <b>number of chairs</b> at which amalgam placement or removal may occur:	<b>Chairs:</b>
<input type="checkbox"/>	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 June 14, 2027, whichever is sooner.	
	Make	Model
		Date of Installation

**Option 2**

<input type="checkbox"/>	This facility has installed one or more amalgam separators <b>compliant</b> with the below specification that captures all amalgam containing waste at the following <b>number of chairs</b> at which amalgam placement or removal may occur:	<b>Chairs:</b>
<input type="checkbox"/>	ANSI/ADA Specification for Amalgam Separators (2011)	
<input type="checkbox"/>	ISO 11143 Standard (2008) or subsequent versions so long as that version required amalgam separators to achieve at least 95% removal efficiency	
<input type="checkbox"/>	Equivalent Device*	
	Make	Model
		Date of Installation
*If Equivalent Device, what is the average removal efficiency as determined per § 441.30(a)(2)i- iii?		

**Section C**

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

*Check the first box to certify and then answer the question*

<input type="checkbox"/>	Yes	I certify that the amalgam separator (or equivalent device) at my practice will be operated and maintained to meet the requirements in 40, CFR Part 441.30 or 40, CFR Part 441.40 and records of maintenance, inspection, repair, and amalgam waste disposal will be made available for inspection in either physical or electronic form for a minimum of three (3) years as detailed in 40, CFR, Part 441.50.	
Is a third-party service provider 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 (Company Name) that maintains the amalgam separator or equivalent	
<input type="checkbox"/>	No	If no, provide a description of the practices employed by the facility to ensure proper operation and maintenance of the amalgam separator in accordance with § 441.30	
<i>Describe practices (proper operation, maintenance, inspection, repair, and amalgam waste disposal etc.)—refer to 40, CFR Part 441.30(a)(1)(iv-vi) and 441.50(b) for requirements:</i>			

**Section D**

**Best Management Practices (BMPs) Certifications**

Check to certify implementation of the BMPs

<input type="checkbox"/>	Yes	<p>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.</p> <ul style="list-style-type: none"><li>• 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).</li><li>• 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).</li></ul>
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**Section E**

**Certification Statement**

<p>Per § 441.50(a)(2), the One-Time Compliance Report must be signed and certified by a <b>responsible corporate officer</b>, an <b>owner</b>, a <b>general partner or proprietor</b> if the dental facility is a partnership or sole proprietorship, or <b>government entity director</b> in accordance with the requirements of § 403.12(l).</p>	
<p><i>"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."</i></p>	
Authorized Representative Name ( <i>print name</i> ):	
Title ( <i>president, owner, partner, etc.</i> ):	
Authorized Representative Signature ( <i>Wet Signature Required</i> )	Date

**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.

**Original copies of completed forms including a wet signature of the Authorized Representative must be mailed to the address below. Electronic submissions are not accepted.**

**Submit this completed form to:**

El Dorado Irrigation District  
Attn: IPP Department  
2890 Mosquito Road  
Placerville, CA 95667