



## Dental Discharger One-Time Compliance Report

This form must be completed by all dental dischargers under federal law, Title 40 CFR § 441, and returned by the specified deadline to the following address:

City of Bloomington Utilities  
 Attention: Pretreatment Coordinator  
 PO Box 1216  
 Bloomington, IN 47402-1216

Existing dental dischargers that have been in business on or before July 14, 2017, must submit the One-Time Compliance Report to City of Bloomington Utilities (CBU) before October 12, 2020.

New dental discharger or existing discharger that has a transfer of ownership after July 14, 2017, must submit the One-Time Compliance Report to CBU within 90 days of the facilities introduction into the wastewater or the effective date of transfer of ownership.

### FACILITY INFORMATION

Facility Name

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

Dental Facility Address			Mailing Address <input type="checkbox"/> Same as Facility Address		
Street Address	Suite ID	Street Address	Suite ID		
City	State	Zip Code	City	State	Zip Code

Contact Information		
Name	Phone Number	Email

Dental Facility Ownership Type:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government Agency <input type="checkbox"/> Other Institutional Organization
Dates	
Date of Commencement of Wastewater Discharge into Sanitary Sewer	Effective date of Most Recent Ownership Transfer if Applicable



Authorized Signature Authority	
Identify an authorized representative that follows the guidelines specified in 40 CFR § 403.12 (1), a responsible corporate officer, a general partner, or proprietor if the dental facility is a partnership or sole proprietorship.	
Name (Print)	Name (Signature)
	( ) - ext.
Title	Telephone Number

Duly Authorized Signature Authority <input type="checkbox"/> Not Applicable	
If desired, identify a duly authorized representative that follows the guidelines specified in 40 CFR § 403.12 (1) (3) * <b>Written authorization from the authorized representative must be sent to the City of Bloomington Utilities prior to the return of this report in order to grant the Duly Authorized Signature authority.</b>	
Name (Print)	Name (Signature)
	( ) - ext.
Title	Telephone Number

## EXEMPTIONS

A dental facility may qualify for an exemption from the best management practices, installation, and maintenance of an amalgam separator based on the following criteria and from the determination of the pretreatment coordinator. If claiming an exemption, please proceed to the Compliance Certification section (page 5) and do **not** fill out the Description of Dental Facility (page 3-4).

§ 441.10 (c)	§ 441.10 (d)	§ 441.10 (e)	§ 441.10 (f)
The facility exclusively practice one or more of the following dental specialties: Oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.	The facility is a mobile unit operated by a dental discharger.	The facility is a dental discharger that does not discharge any amalgam process wastewater to a POTW, such as dental dischargers that collect all dental amalgam process wastewater for transfer to a Centralized Waste Treatment facility as defined in 40 CFR part 437.	The facility is a dental discharger that does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances, and that certify such to the Control Authority as required in § 441.50 are exempt from any further requirements of this part.  <b>*THIS EXEMPTION DOES NOT APPLY TO FACILITIES ACCEPTING PATIENTS WITH AMALGAM FILLINGS</b>

These exemptions apply to the dental facility:

- § 441.10 (c)     
 § 441.10 (d)     
 § 441.10 (e)     
 § 441.10 (f)     
 No Exemptions Apply



## DESCRIPTION OF DENTAL FACILITY

Facility Overview	
Did this facility 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 Facility	Total Number of Chairs where Dental Amalgam Wastewater may be Present in Wastewater
Number of Amalgam Separators or Equivalent Amalgam Removal Devices Currently Installed at Facility	

Amalgam Separator Information				
<input type="checkbox"/>	The dental facility has installed one or more compliant amalgam separators that capture all amalgam containing wastewater discharge at all chairs where amalgam will be removed or placed.			
<input type="checkbox"/>	The dental facility installed an existing amalgam separator(s) prior to June 14, 2017 that does <u>not</u> 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 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



3 <sup>rd</sup> Party Service Provider for Maintenance (if Applicable)			
Name		Contact Person Name	
		(      )                      -                      ext.	
Street Address		Primary Phone	
City	State	Zip Code	Email Address

If a 3<sup>rd</sup> party service provider is not used, please provide a brief description of the in-house practices employed by the dental facility to ensure proper operation and maintenance of the amalgam separator(s) or equivalent device(s) in accordance with 40 CFR § 441.30 or § 441.40:

**Check the following boxes and initial to certify that the dental facility will comply with the following statements.**

- I certify that the amalgam separator(s) or equivalent device(s) is designed and will be operated and maintained to meet the requirements specified in 40 CFR § 441.30 or § 441.40.  
\_\_\_\_\_ (Initials)
- If applicable, I certify that a third party is contracted to ensure proper operation and maintenance in accordance with 40 CFR § 441.30 or § 441.40.  
\_\_\_\_\_ (Initials)
- I certify that the facility identified is implementing the following Best Management Practices specified in 40 CFR § 441.30 (b) or § 441.40 (b) and will continue to do so.
  - A use of a non-chlorine, non-bleach line cleaners with a pH between 6-8 to clean lines and chair-side traps.
  - Waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pup filters, or collection devices, must not be discharged into the sanitary sewer.
 \_\_\_\_\_ (Initials)
- I certify that I understand the following requirements of the facility:
  - Record Retention Period 40 CFR § 441.5(a)(5): As long as a Dental facility subject to this part is in operation, or until transfer of ownership, the facility, agent, or representative must maintain this One Time Compliance Report and make it available for inspection in either physical or electronic form.
  - Transfer of Ownership 40 CFR § 441.5(a)(4): The Dental facility, that was subject to this rule, must notify the City of Bloomington Utilities (CBU) of new ownership within 30 days of transfer and the new owner is required to submit a new One Time Compliance Report to CBU no later than 90 days after the transfer of ownership.
 \_\_\_\_\_ (Initials)



## COMPLIANCE CERTIFICATION

The Authorized Signature Authority or Duly Authorized Signature Authority, as identified in accordance with 40 CFR § 403.12(l) and on page 2 of this report, must sign this statement.

**“I am an Authorized Signature Authority or Duly Authorized Signature Authority of the above named facility, and 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.”**

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Date

### CBU USE ONLY

Date Received	Devices installed on or before July 14 2017 <input type="checkbox"/> Yes <input type="checkbox"/> No
Exempt from Regulations <input type="checkbox"/> Yes <input type="checkbox"/> No	Total number of devices