



Dental Amalgam One-Time Compliance Report

Effluent Limitations Guidelines for the Dental Category

New Sources: Dental offices that began discharging to SAWS after July 14, 2017 must complete this form within 90 days after start of discharge.

Existing Sources: Dental offices that began discharging to SAWS prior to July 14, 2017 must complete this form by October 12, 2020 or within 90 days after transfer of ownership.

SECTION A: GENERAL FACILITY INFORMATION

Facility Name:

Address:

City

State

Zip

2. FACILITY MAILING ADDRESS

Address:

City:

State

Zip

3. FACILITY CONTACT

Name

Title

Phone *(Enter numbers only. No dashes)*

Email

Owners

Operators

« previous

next »

SECTION B: APPLICABILITY

Please select one of the following options:



Non-exempt

Dental amalgam is placed and removed at this facility, and process wastewater is discharged to the San Antonio Water System (SAWS) through the sanitary sewer system.

(complete sections C and D)



Exempt

Dental amalgam is not placed at this facility, and dental amalgam is not removed at this facility except in limited emergency or unplanned, unanticipated circumstances.

(complete section D only)

Also select if applicable:

This facility has previously submitted a One-Time Compliance Report and is submitting a new one because of a:

- Transfer of Ownership, as required by [§ 441.50\(a\)\(4\)](#)
- Change in facility name
- Change in location
- Change in Exempt/Non-Exempt status
- Change in number or type of amalgam separators in use at the facility

SECTION C: DESCRIPTION OF FACILITY

Total number of chairs:

Total number of chairs where amalgam may be present in the resulting water:

Did the facility discharge amalgam process wastewater prior to July 14, 2017 under any ownership?

- Yes
- No

2. DESCRIPTION OF AMALGAM SEPARATOR OR EQUIVALENT DEVICE

AMALGAM SEPARATORS

- This dental facility has installed one or more ISO 11143 (or ANSI/ASA 108-2009) compliant amalgam separators (or equivalent devices) that capture(s) all amalgam-containing waste at which amalgam placement and/or removal may occur:

OF AMALGAM SEPARATORS

- This dental facility installed one or more amalgam separators **PRIOR TO June 14, 2017** that do not meet the requirements of § 441.30(a)(1)(i) and (ii) at which amalgam placement and/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, or by June 14, 2027, whichever comes first.

- This dental facility operates an equivalent device**

Compliant Amalgam Separators

MAKE

MODEL

Attached to Chair

Consolidated Device

Date of Installation

Type

ISO 11143:2008

ANSI/ADA 108:2009-Addendum2011

Non-Compliant Amalgam Separators

MAKE

MODEL

Attached to Chair

Consolidated Device

Date of Installation

Equivalent Amalgam Separator Devices

MAKE

MODEL

Attached to Chair

Consolidated Device

Date of Installation

Avg. Removal Efficiency

3. DESIGN, OPERATION, AND MAINTENANCE OF AMALGAM SEPARATOR OR EQUIVALENT DEVICE

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?

- YES:** Contact information of third-party service provider that maintains the amalgam separator or equivalent device:

Company Name

Address

City

State

Zip

Phone *(Enter numbers only. No dashes)*

- NO:** If a third-party service provider is not utilized, provide a description of the practices employed by the dental facility to ensure proper operation and maintenance of the amalgam separator(s) in accordance with § 441.30 or § 441.40:

SECTION D: CERTIFICATION STATEMENTS

Non-Exempt:

The above named dental discharger operates a compliant amalgam separator(s) or equivalent device(s) that is designed and will be operated and maintained to meet the requirements specified in [§ 441.30\(a\) or § 441.40](#) and will continue to do so.

AND

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, screen, vacuum pump filters, dental tools, cuspidors, and collection devices, must not be discharged to a publically owned treatment works (POTW) (e.g., municipal sewage system).
- Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a publically owned treatment works (POTW) (e.g., municipal sewage system) must not be cleaned with oxidizing or acidic cleaners, including but not limited to bleach, chlorine, iodine, or peroxide that have a pH lower than 6 or greater than 8 (i.e., cleaners that may increase the dissolution of mercury).

Exempt:

The above named dental discharger does not place amalgam and does not remove amalgam, except in limited emergency or unplanned, unanticipated circumstances.

Per [§ 441.50\(a\)\(2\)](#), the One-Time Compliance 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 of the above named dental facility in accordance with the requirements of § 403.12(l). 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 fines and imprisonment for knowing violations."

Name of Authorized Representative

Title

Phone (Enter numbers only. No dashes)

Email

TX State Board of Dental Examiners License Number

Authorized Representative Signature

Date

ATTN: Resource Protection & Compliance Dept.



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