



# Des Moines Metropolitan Wastewater Reclamation Authority

<u>WRA USE ONLY</u>
Date Rcvd _____
Exempt _____
Follow-up _____

## ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS TO COMPLY WITH 40 CFR 441.50

### General Information

<b>Name of Practice:</b>			
<b>Physical Address:</b>		<b>Mailing Address:</b>	
<b>Facility Contact:</b>			
<b>Phone:</b>		<b>Email:</b>	
<b>Owner:</b>			
<b>Operator(s):</b>			

### Please select one of the following

<input type="checkbox"/>	This practice is a dental discharger subject to 40 CFR 441 as it places or removes dental amalgam. <i>Complete sections A, B, C, D, and E.</i>
<input type="checkbox"/>	This practice is a dental discharger subject to 40 CFR 441 and (1) does not place dental amalgam, and (2) does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances (amalgam is removed at a frequency that is <5% of its procedures). <i>Complete section E only.</i>

### Section A: Description of facility

<b>Total number of chairs:</b>	
<b>Total number of chairs at which amalgam placement or removal occurs:</b>	

### Section B: Description of amalgam separator or equivalent device

<input type="checkbox"/>	My facility has installed one or more ISO 11143 compliant amalgam separators (or equivalent devices) that captures all amalgam containing waste at the following number of chairs where amalgam is placed or removed.	<i>Chairs:</i>
<input type="checkbox"/>	My facility has one or more existing amalgam separators installed prior to June 14, 2017 at the following number of chairs at which amalgam placement or removal occurs.	<i>Chairs:</i>
	I understand that it must be replaced with one or more ISO 11143 compliant amalgam separators (or equivalent devices) after its lifetime has ended and no later than June 14, 2027, whichever is sooner.	
<input type="checkbox"/>	My facility operates an equivalent device.	

(continued on back) →

**Section B (continued)**

Make	Model	Year of Installation	Average removal efficiency of equivalent device as determined by 40 CFR 441.30(a)(2)j-iii.

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

<input type="checkbox"/>	<b>Yes</b>	The amalgam separator (or equivalent device) is designed and is operated and maintained to meet the requirements of 40 CFR 441.30 or 441.40.	
A third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with 40 CFR 441.30 or 441.40.			
<input type="checkbox"/>	<b>Yes</b>	<b>Name of service provider:</b>	
<input type="checkbox"/>	<b>No</b>	If no, provide a description below of the practices employed by the facility to ensure proper operation and maintenance in accordance with 40 CFR 441.30 or 441.40.	

**Section D: Best Management Practices (BMP) Certifications**

<input type="checkbox"/>	<p>The above named dental discharger is implementing the following BMPs as specified in 40 CFR 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, must not be discharged to a publicly owned treatment works (e.g. municipal sewage system).</li> <li>Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a publicly owned treatment works must not be cleaned with oxidizing or acidic cleaners (e.g. bleach, chlorine, iodine, peroxide that has a pH &lt;6 or &gt;8) that may increase the dissolution of solid-phase mercury within the separator.</li> </ul>		
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**Section E: Certification Statement**

Per 40 CFR 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 40 CFR 403.12(l).		
<i>"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 practice, 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>		
Authorized Representative Name (print):		Date
Authorized Representative Signature:		

**Retention Period; per 40 CFR 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 the One-Time Compliance Report and make it available for inspection in either physical or electronic form.

**Keep a copy for your records and return original form by mail to:**  
 Des Moines WRA, Attn: Pretreatment Office, 3000 Vandalia Rd, Des Moines, IA 50317