

City of Eugene 410 River Avenue Eugene, Oregon 97404 (541) 682-8600 (541) 682-8601 FAX www.eugene-or.gov

ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS to Comply with 40 CFR Part 441.50 Reporting and Recordkeeping Requirements for the Dental Office Category

Instructions:

The following is the City of Eugene's one-time compliance report that was developed by the EPA and contains the minimum information dental facilities must submit as required by the Effluent Limitations Guidelines and Standards for the Dental Office Category ("Dental Amalgam Rule").

Note to dental facilities: If questions arise as you complete the form, feel free to contact Destin Ranch at (541) 682-8626 or by email at dranch@eugene-or.gov for assistance. Please send the completed one-time compliance report to:

City of Eugene, Wastewater Division ATTN: Industrial Source Control Department 410 River Avenue Eugene, OR 97404

General Information

	0						
Name of fa	acility:						
Physical ac	dress of the dental fa	cility:					
City:				State:		Zip:	
Mailing ad	dress:				-		
City:				State:		Zip:	
Facility cor	ntact:			-			
Phone:			Email:				
Names of o	owner(s):						
	lames of operator(s) if lifterent from owner(s):						

Applicability: Please select one of the following

This facility is a dental discharger subject to this rule (40 CFR Part 441) and it places or removes dental
amalgam.
Complete sections A, B, C, D, and F

Description of facility Total number of chairs: Total number of chairs at which amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed): Description of any amalgam separator(s) or equivalent device(s) currently operated: YES NO The facility discharged amalgam process wastewater prior to July 14th, 2017 under any ownership. Section B										
Total number of chairs: Total number of chairs at which amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed): Description of any amalgam separator(s) or equivalent device(s) currently operated:			The facility	discharge	d amaigam proc	ess wastewat	er prior to Ju	ily 14th, 20	17 under any ow	nersnip.
Total number of chairs: Total number of chairs at which amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed):										
Description of facility	Tota	l number (of chairs at v e., chairs wh	ere amalg	am may be place	ed or remove	d):	rated:		
Saction A	Descr									
	Tran)) (Select if appl	licable)				
Complete section F only Transfer of ownership (§ 441.50(a)(4)) (Select if applicable)		not remo	ve amalgam	except in	er subject to this limited emerger				amalgam, and (2 imstances.) it does

Make	Model	Year of installation	Average removal efficiency of equivalent device, as determined per § 441.30(a)(2)i- iii.

Section C

Design, operation and maintenance of amalgam separator/equivalent device

	YES	I certify that the amalgam separator (or equivalent device) is designed and will be operated					
		and maintained to meet the requirements in § 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 § 441.30 or § 441.40.						
	YES	Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):					
	NO	If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40.					
Desc	cribe practices:						
	-						

Section D

Best Management Practices (BMP) certifications

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	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, 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).
	Dental unit water 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 that have a pH lower than 6 or
	greater than 8 (i.e. cleaners that may increase the dissolution of mercury).

Section E

Retention Period; per § 441.50(a)(5) & 441.50(b)

One Time Compliance Report: 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.

Other Records: The Dental facility subject to this rule must maintain documents and make available for inspection in either physical or electronic form for a minimum of three years.

- 1. Documents related to inspection of amalgam separators and follow-up actions;
- 2. Documentation of amalgam retaining container or replacement, including date, if applicable;
- Documents related to dental amalgam pickup or shipment for proper disposal by a licensed storage or disposal facility;
- 4. Documentation of any repair or replacement of an amalgam separator or device;
- 5. Manufacturer's Current operating manual for the device in place.

Section F

Certification Statement

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(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 in accordance with the requirements of § 403.12(I) 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."

Authorized Representative name (print name):				
Phone:		Email:		
A	Authorized Representative signature		Date	