

**ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS**  
**As Required by 40 CFR Part 441 and City of Greensboro**  
**Effluent Limitations Guidelines and Standards for the Dental Category**

**General Information**

Name of Practice			
Physical Address			
Mailing Address (if different than above)			
Facility Contact Name and Title			
Phone:		Email	
Owner/ Operator(s)			
Facility Signatory Official (per 40 CFR Part 441.50(a)(2)) Name and Title			
Phone:		Email	

Names of Licensed Dentists currently in this practice	

**Please select one of the following:**

<input type="checkbox"/>	This practice is a dental discharger subject to this rule and does place and/or remove dental amalgam. <b>Complete sections A, B, C, D, E, and F</b>
<input type="checkbox"/>	This practice is a dental discharger that <i>exclusively practices</i> one or more of the following dental specialties exempted in 40 CFR Part 441.10(c): oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics. <b>Complete section F only</b>
<input type="checkbox"/>	This practice is a dental discharger that <i>does not</i> place dental amalgam, and <i>does not</i> remove amalgam except in limited emergency or unplanned, unanticipated circumstances (per 40 CFR Part 441.10(f)). <b>Complete section F only</b>
<input type="checkbox"/>	This practice is a dental discharger that does not discharge dental amalgam wastewater to a Publicly Owned Treatment Works (POTW) because: <ul style="list-style-type: none"> <li><input type="checkbox"/> The practice discharges dental process wastewater to a septic tank</li> <li><input type="checkbox"/> The practice collects dental process wastewater for transfer to a Centralized Waste Treatment Facility (CWT).</li> <li><input type="checkbox"/> Other _____</li> </ul> <b>Complete section F only</b>

**(Also, select if applicable) Transfer of Ownership**

<input type="checkbox"/>	This facility is a dental discharger subject to this rule and it has previously submitted a one-time compliance report. This facility is submitting a new One Time Compliance Report because of a transfer of ownership as required by 40 CFR Part 441.50(a)(4). <b>Complete sections A, B, C, D, E, and F</b>
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**Section A  
Description of facility**

Total number of chairs:	
Total number of chairs at which amalgam placement or removal occurs:	
Narrative description ( <i>optional</i> )	

**Section B  
Description of amalgam separator or equivalent device**

<input type="checkbox"/>	The dental facility has installed one or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators (or equivalent devices) that captures all amalgam containing waste from the above identified chairs (in Section A) where amalgam is placed or removed.	
<input type="checkbox"/>	The dental facility installed <b>prior to June 14, 2017</b> one or more existing amalgam separators that capture amalgam containing waste from the above identified chairs (in Section A) but do not meet the ISO 11143 (or ANSI/ADA 108-2009) requirements. I understand that the separator(s) must be replaced with one or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators (or equivalent devices), after its lifetime has ended, and <b>no later than June 14, 2027</b> .	
	Make and Model	Year of installation
<input type="checkbox"/>	The facility operates an equivalent device.	
	Make and Model	Year of installation
		Average removal efficiency of equivalent device, as determined per 40 CFR 441.30(a)(2)(i- iii)

## Section C

### Operation and Maintenance of Amalgam Separator/Equivalent Device

Please select and complete one of the following:

<input type="checkbox"/>	The amalgam separator (or equivalent device) is operated and maintained by a third-party service provider under contract with this dental facility to ensure proper operation and maintenance in accordance with 40 CFR Part 441.30 or 441.40.
Name and Address of Third-Party Service Provider:	
<input type="checkbox"/>	The amalgam separator (or equivalent device) is operated and maintained <i>by the dental facility staff</i> to meet the requirements in 40 CFR Part 441.30 or Part 441.40.
Provide a description of the practices employed by the dental facility to ensure the proper operation and maintenance in accordance with 40 CFR Part 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 Part 441.30(b) or 40 CFR Part 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, <i>is not</i> 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 POTW <i>must not</i> be cleaned with oxidizing or acidic cleaners that may increase the leaching of mercury. Prohibited cleaners include but are not limited to: bleach, chlorine, iodine, and peroxide that have a pH lower than 6 or greater than 8.</li></ul>
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**Section E  
Recordkeeping and Record Retention**

<input type="checkbox"/>	I have read and understand the Recordkeeping and Record Retention requirements for dental dischargers in 40 CFR Pat 441.50 (a) and (b).
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**Section F  
Certification Statement**

<p><i>"I am a duly authorized signatory official 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 Signatory Official Name (print)
Authorized Signatory Official Signature and Date

**ONE-TIME COMPLIANCE REPORT (OTCR) DEADLINES:**

- For "existing source" dental practice that began discharge to POTW *prior to* July 14, 2017
  - **DEADLINE: October 12, 2020**
- For "new source" dental practice whose first discharge to POTW occurred *after* July 14, 2017
  - **DEADLINE: No later than 90 days following introduction of wastewater into the POTW**

**TRANSFER OF OWNERSHIP: NEW ONE-TIME COMPLIANCE REPORT DEADLINE**

- For dental practice with transfer of ownership: New Owner must submit a new One-Time Compliance Report
  - **DEADLINE: No later than 90 days after transfer of ownership**

**SUBMIT REPORT (WITH WET SIGNATURE) TO:**

**City of Greensboro  
Industrial Waste Section-T. Z. Osborne POTW  
2350 Huffine Mill Road  
McLeansville NC 27301**