

ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS

Required by Federal Regulations per 40 CFR Part 441

Instructions

WHO COMPLETES THIS REPORT IN WASHINGTON STATE: Dental offices subject to the new federal rules (40 CFR part 441) which discharge to a publicly owned sewage treatment plant (POTW) where Ecology has not delegated the authority to run a pretreatment program.

WHICH DENTAL FACILITIES MUST REPORT UNDER THIS RULE: Dental offices covered by the new Federal Rule must provide the attached report in full. These include offices which periodically place or remove amalgam and discharge wastewater to the sanitary sewer. Dental offices which don't place amalgam, and don't remove amalgam except in limited emergency or unplanned, unanticipated circumstances only need to submit the information in sections A, B, and G. Dentists in the following specialties are **exempt** from the rule altogether, and are not required to submit any reports to Ecology under the new rule: Oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.

WHY MUST I PROVIDE THIS INFORMATION: The Department of Ecology is obliged under the Clean Water Act to collect the information on the attached form from dental dischargers outside of areas served by pretreatment programs. Only data needed to assure compliance with EPA's "Dental Amalgam Rule" (40 CFR parts 441.30, 441.40, & 441.50) is required.

WHEN IS THIS FORM DUE: Dental offices starting business after July 14, 2017, must complete and submit this form within 90 days after accepting patients. Dental offices that change owners must submit this form within 90 days after the change. Dental offices in business on July 14, 2017, that do not change owners, must submit this form by October 12, 2020. Only one form is required per office. *A new form is **not** required if:* the owner remains, but other dentists practicing in the office change; dental equipment is replaced; or a new amalgam separator is installed.

HOW DO I SUBMIT THE FORM: Download the form, complete it in **duplicate**, sign both copies, keep one copy on file onsite (in perpetuity) & mail the other to your Ecology regional office.

C/O: Pretreatment Engineer, WQ Program; Washington State Dept. of Ecology;

Southwest Region: PO Box 47775; Olympia, WA; 98504-7775 (360) 407-6277

Northwest Region: 3190 160th Ave SE; Bellevue, WA; 98008-5452 (425) 649-7127

Central Region: 1250 West Alder Street; Union Gap, WA; 98903-0009 (509) 454-4246

Eastern Region: 4601 N. Monroe; Spokane WA; 98205-1295 (509) 329-3473

(Map <https://ecology.wa.gov/About-us/Get-to-know-us/Contact-us/Regional-contacts>)

WHAT IF MY SEWER PROVIDER IS ONE OF THE DELEGATED PROGRAMS, BUT THEY WANT ME TO USE ECOLOGY'S FORM?: If your sewer flows to a municipal sewer system which administers a pretreatment program, and they want you to use the form found here (Ecology's form) for reporting to them, that is OK. Simply complete this form in two copies, sign each, send one copy to your Control Authority (address on prior page), and keep the second copy (with an original signature) at your office. *IN SUCH CASE, DO NOT SEND THE FORM TO ECOLOGY* unless they inform you that you are outside their service area. In such case, send the submittal copy to the appropriate Ecology region (see prior paragraph).

LIST OF MUNICIPALITIES WITH PRETREATMENT PROGRAMS: Dental offices provided sewer service by the municipalities below with industrial pretreatment programs are to instead send a *One-Time Compliance Report* to their POTW in the format that the POTW has developed or proscribed for use. The delegated pretreatment program areas are:

	Contact Name	Phone #	Web Site Address
Metro / King Co.	Dana Heinz	(206) 477-5300	KCIW (with map)
Address: 201 S. Jackson Street, Suite 513, Seattle WA 98104			
Lynnwood	Jacob Bradley	(425) 670-5221	www.lynnwoodwa.gov
Address: 20816 44 th Ave W. Ste. 230; Lynnwood, WA 98104			
Everett	Ryan Wichert	(425) 257-8240	www.everettwa.gov
Address: 3200 Cedar St.; Everett, WA 98201			
Vancouver	Kevin Smithline	(360) 487-7177	Vancouver Pretreatment
Address: PO Box 1995; Vancouver, WA 98668-1995			
Tacoma	Cassie Petty	(253) 502-2239	Tacoma Pretreatment
Address: 2201 Portland Ave, P-1; Tacoma, WA 98421			
LOTT	Julie Dufresne	(360) 664-2333	LOTT Pretreatment
Address: 500 Adams Street NE; Olympia, WA 98501-6911			
Pierce County	River Wan	(253) 798-3002	Pierce County Pretreatment
Address: 930 Tacoma Avenue S.; Tacoma, WA 98402			
Port Angeles	David Freed	(360) 417-4692	Port Angeles Pretreatment
Address: 321 E. 5 th Street; Port Angeles, WA 98362			
Yakima	Mike Price	(509) 249-6815	Yakima Pretreatment
Address: 2220 E. Viola Ave.; Yakima, WA 98901			
Richland	Toby Billings	(509) 942-7485	Richland Pretreatment
Address: 505 Swift Blvd. MS-27; Richland, WA 99352			
Spokane City	Angela Tagnani	(509) 625-4620	atagnani@spokancity.org
Address: 4401 N. Aubrey L. White Pkwy.; Spokane, WA 99205			
Spokane County	Stela Matei-Rowley	(509) 477-7177	SMatei@spokanecounty.org
Address: 1026 W. Broadway Avenue, 4 th Floor; Spokane, WA 99260			
Walla Walla	Dara Osborne	(509) 524-4588	Dara.osborne@ch2m.com
Address: 572 Hatch Street; Walla Walla, WA 99362			
Quincy	Samuel Snead	(509) 855-3360	ssnead@woodardcurran.com
Address: P.O. Box 1249; Quincy, WA 98848			
Pasco	Heath Bateman	(509) 544-3078	hartmanh@pasco-wa.gov
Address: 1015 S. Grey; Pasco, WA 99301			

To request materials in a format for the visually impaired, visit <https://ecology.wa.gov/accessibility>, or call Ecology's ADA Coordinator at 360-407-6831, Relay Service 711, or TTY 877-833-6341.

DENTAL DISCHARGER ONE-TIME COMPLIANCE REPORT FORM (PER 40 CFR 441)

Section A - General Information

Name of Facility					
Physical Address of Dental Facility					
City		State		Zip	
Mailing Address (if different)					
City		State		Zip	
Facility Contact					
Phone		Email			
Names of Owner(s)					
Names of other / additional Dentist(s)					

Section B – Applicability *(Please Select One or the Other)*

<input type="checkbox"/>	This dental 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 E)
<input type="checkbox"/>	This dental facility does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. (Complete section E only)
Type of report: New facility, Transfer of Ownership, or Existing Facility – Select One (§ 441.50)	
<input type="checkbox"/>	This facility is submitting this Compliance Report because it began business after July 14, 2017.
<input type="checkbox"/>	This facility is submitting this Compliance Report because it changed owners after July 14, 2017.
<input type="checkbox"/>	This facility is submitting this Compliance Report in compliance with the October 12, 2020 deadline.

Section C - Description of Facility

Total number of chairs:		
Number of chairs at which amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed):		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	The facility discharged amalgam process wastewater to a sewer utility prior to July 14, 2017. (under any ownership)

Section D - Description of Amalgam Separator or Equivalent Device

<input type="checkbox"/>	This facility has installed one or more ISO 11143:2008 (or ANSI/ADA 108-2009) compliant amalgam separators that capture all amalgam containing waste for the listed number of chairs at which amalgam placement or removal may occur:	Device #: Device #: Device #:		
<input type="checkbox"/>	This facility installed, prior to June 14, 2017, one or more amalgam separators that met applicable standards when installed (e.g. ISO 11143:1999), but do not meet the above criteria. These devices capture the amalgam wastes from the listed number of chairs at which amalgam placement or removal may occur. <input type="checkbox"/> I understand such separators may continue to be used for up to ten years but must be replaced with amalgam separators that meet the new criteria by June 14, 2027 (ref. § 441.30(a)(1) or § 441.30(a)(2)), or after their useful life has ended (whichever is sooner).	Device #: Device #: Device #:		
<input type="checkbox"/>	This facility operates one or more “equivalent devices”. <input type="checkbox"/> I certify that the listed devices satisfy the requirements of §441.30(a)(1)(i) and (ii) . (note at right the average removal efficiency of each equivalent device, as determined per § 441.30(a)(2)i-iii)	Device #: Efficiency%: Device #: Efficiency%:		
<i>Details of Devices #'s Referenced Above</i>				
#	Make	Model	# of Chairs Connected	Year of installation
1				
2				
3				
4				
5				

Section E - Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

<input type="checkbox"/>	YES	<i>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.</i>	
Is 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 ?			
<input type="checkbox"/>	IF YES	Provide name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device: (if applicable)	
<input type="checkbox"/>	IF NO	If none, describe below the practices employed by the facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40 .	
<i>Describe practices:</i>			

<input type="checkbox"/>	YES	<i>I understand that per 40 CFR 441.50(b), I or my agent or representative must keep the following maintenance records for three years, in either physical or electronic form, and make these available for inspection by Ecology and the POTW (sanitary sewer provider) for this facility.</i>
Maintenance Records: (1) For each separator or equivalent device: The dates the device was inspected, the person(s) conducting the inspection, and what the inspection found, including any needed follow-up actions. (2) Dates when an amalgam retaining container was replaced. (3) Dates when dental amalgam wastes were collected or shipped for proper disposal, the company receiving the amalgam retaining containers, and the HW manifest if one was generated. (4) Details of any repair or replacement of an amalgam separator (or equivalent device) including the date, person(s) doing the work, the repair, and make and model of any new device. (5) The manufacturers operating manual for each amalgam separator device in use (physical or electronic form)		
<input type="checkbox"/>	YES	<i>I understand that while in business, until ownership is transferred, I must keep a copy of this report at the dental facility and make it available for inspection. (§ 441.50(a)(5))</i>

Section F - Best Management Practices (BMP) Certifications

<input type="checkbox"/>	<i>I certify that this facility is implementing the following best management practices and will continue to do so: (ref: § 441.30(b) and § 441.40)</i> 1) We ensure no waste amalgam is discharged to the sanitary sewer (e.g. from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices) and 2) We ensure cleaners used for water lines, chair side traps, and vacuum lines connected to the amalgam separator are not oxidizing or acidic including bleach, chlorine, iodine, and peroxide with a pH below 6 or above 8 (i.e. cleaners that may increase the dissolution of mercury).
--------------------------	---

Section G - Certification Statement

<i>"I am a responsible corporate officer (for corporations), or a general partner, proprietor, or duly authorized representative (for partnerships or sole proprietorships). 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."</i>			
Name of Corporate Officer, General Partner, Proprietor, or Authorized Representative attesting to the above statement: (print)			
Phone		Email	
Signature of Named Representative (above)		Date (above)	

Addendum to Dental Discharger One-Time Compliance Report

Optional Use for **Appointment of Duly Authorized Representative by Dental Dischargers:**

“As an owner or general partner with the authority to make the appointment of a duly authorized representative, I delegate, effective until revoked or (date), the authority in the below named individual to submit reports required under the Clean Water Act and implementing state and local rules.”

Name of Owner or General Partner:	
Name or position of Duly Authorized Representative:	
Signature of Owner or General Partner:	
Signature of Representative: (optional for use in validating future reports)	

Definitions and Uses

Per [§441.50\(a\)\(2\)](#), the *One-Time Compliance Report* must be signed and certified by a responsible corporate officer (for corporations), a general partner, proprietor, or duly authorized representative (if the dental facility is a partnership or sole proprietorship), as defined per [§403.12\(l\)](#).

“Responsible Corporate Officer” means: (i) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or a person who performs similar policy- or decision-making functions for the corporation, or (ii) The facility manager or environmental manager when empowered to gather and attest to accuracy of information and where authority to sign documents has been assigned or delegated to them according to corporate procedures.

“Duly authorized representative” means the representative of the owner or general partner where: (i) The authorization is made in writing by the owner or general partner and specifies the individual or position responsible for the overall operation of the facility from which the Dental Discharge originates, or having overall responsibility for environmental matters; and (ii) the written authorization is submitted to the Control Authority with the *One-Time Compliance Report* (attach *.pdf file to electronic filing).

For subsequent reports from Dental Dischargers required within 90-days after a change of ownership (40 CFR 441.50(a)(4)): If a change of ownership report is submitted by a “duly authorized representative,” the representative must meet the definition above **AND** a new written authorization must be sent by attachment with the report.

Retention Period; per [§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.

For assistance or questions regarding this form, please contact David Knight, at (360) 407-6277 or david.knight@ecy.wa.gov.