



Springfield Water and Sewer Commission Industrial Pretreatment Program

ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS

to Comply with 40 CFR 441.50

**Effluent Limitations Guidelines and Standards for the Dental Office Category
by United States Environmental Protection Agency (USEPA) (revised 12/14/16)**

Instructions:

The following is a Compliance Report Form for use by Dental Facilities which discharge to the municipally owned treatment works, Springfield Regional Wastewater Treatment Facility, owned and operated by the Springfield Water and Sewer Commission (SWSC). This Compliance Reporting is one of many requirements of USEPA's Dental Rule Program, which became effective on July 14, 2017.

- **Existing Dental Facilities (Existing Source)** must fill out the Compliance Report, certify the information provided and compliance with requirements, and return the completed form to the SWSC. If a Compliance Report is not received by October 12, 2020 (90 days after the compliance deadline of July 14, 2020), the Dental Facility will be out of compliance with the Industrial Pretreatment Program (IPP) of SWSC. See §441.30 and §441.50.
- **New Dental Facilities (New Source)** after July 14, 2017 must comply immediately for all discharges, and submit Compliance Report Form within 90 days of the beginning of operation. See §441.40 and §441.50.
- If **Ownership** of a Dental Facility **is transferred** a new Compliance Report Form shall be completed, certified and submitted to SWSC IPP by the new operator within 90 days of the transfer. See §441.30 and §441.50.

For more information on the Dental Discharger program requirements refer to the Federal Register. The Dental Discharger is responsible to comply with the most recent version of the 40 CFR Part 441 in the Federal Register:

<https://www.federalregister.gov/documents/2017/06/14/2017-12338/effluent-limitations-guidelines-and-standards-for-the-dental-category>

These requirements are in addition to the Massachusetts Department of Environmental Protection program for Dental Amalgam/Mercury Recycling. For information on MassDEP's program refer to:

<https://www.mass.gov/files/documents/2016/09/tx/310cmr73.pdf>

<https://www.mass.gov/guides/massdep-dental-amalgammercury-recycling-program>

Please note: The internet links to the most recent regulations are subject to change by EPA or MassDEP without notice.

General Information:

Name of Facility					
Physical Address of Dental Facility					
City:		State:		Zip:	
Mailing Address					
City:		State:		Zip:	
Facility Contact – Name and title					
Phone:		Email:			
Names of Owner(s):					
Names of Operator(s) if different from Owner(s):					



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Applicability: Please Select One of the Following, and Transfer of Ownership if applicable.

<input type="checkbox"/>	This facility is a dental discharger subject to this rule (40 CFR Part 441) and it places or removes dental amalgam. <i>Complete general information section and sections A, B, C, D, and E</i>
<input type="checkbox"/>	This facility is a dental discharger subject to this rule and (1) it does not place dental amalgam, and (2) it does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. <i>Complete general information section and section E only.</i>
<input type="checkbox"/>	This facility is a dental discharger which places or removes dental amalgam, and discharges to a septic system, not to a publicly owned treatment works. <i>Complete general information section and section E only.</i>
(Also, select if applicable) Transfer of Ownership (§ 441.50(a)(4))	
<input type="checkbox"/>	This facility is a dental discharger subject to this rule (40 CFR Part 441), 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 § 441.50(a)(4) . <i>Complete general section and sections A, B, C, D, and E.</i>

Section A: 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 <input type="checkbox"/>	NO <input type="checkbox"/>	Existing Source – Has the facility discharged amalgam process wastewater prior to July 14th, 2017 under any ownership? If yes, this facility is an Existing Source and must come into full compliance by July 14, 2020. If no, this facility is a New Source and must comply with all requirements beginning immediately for all dental facility discharges and operations.



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Section B: Description of Amalgam Separator or Equivalent Device

<input type="checkbox"/>	<p>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 at the following number of chairs at which amalgam placement or removal may occur: List information on amalgam separators which comply with § 441.30(a)(1).</p>	<i>Chairs:</i>	
Make	Model	Year of installation	
<input type="checkbox"/>	<p>The dental facility installed prior to June 14, 2017 one or more existing amalgam separators that do not meet the requirements of § 441.30(a)(1)(i) and (ii) at the following number of chairs at which amalgam placement 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, and no later than June 14, 2027, whichever is sooner. List information on amalgam separators installed before June 14, 2017, which do not meet the requirements of § 441.30(a)(1)(i) and (ii)_below, and will be replaced as described above.</p>	<i>Chairs:</i>	
Make	Model	Year of installation	
<input type="checkbox"/>	The dental facility operates an equivalent device. List information on equivalent device(s) below.		
Make	Model	Year of installation	Average removal efficiency of equivalent device, as determined per § 441.30(a)(2)i- iii.



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

<input type="checkbox"/>	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 .			
<input type="checkbox"/>	YES	Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable): Company Name, Company address, phone number	
<input type="checkbox"/>	NO	If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance (O&M) in accordance with § 441.30 or § 441.40 .	
<i>Describe practices employed by the facility for O&M:</i>			

Section D: Best Management Practices (BMP) Certifications

<input type="checkbox"/>	<p>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.</p> <ul style="list-style-type: none"> 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). 		
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Section E: 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\(l\)](#).

"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 in accordance with the requirements of § 403.12(l) 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 and title (<i>print name</i>):			
Phone:		Email:	
<i>Authorized Representative Signature</i>		<i>Date</i>	

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 this One Time Compliance Report and make it available for inspection in either physical or electronic form.

Dental Facility Discharger: Keep a copy of this report for your records. Submit an original signed Compliance Report Form to:

Springfield Water and Sewer Commission
Industrial Pretreatment Program
P.O. Box 995
Springfield, MA 01101-0995

The Springfield Water and Sewer Commission is the Control Authority for facilities which are connected to wastewater collection systems which directly or indirectly discharge to the Springfield Regional Wastewater Treatment Facility.

Additional On-Site Record Keeping is required for compliance with these regulations. The Dental Facility is responsible for compliance in addition to this Compliance Report submission.