



# Dental Office: One-Time Compliance Report

In accordance with federal and local law (Title 40 Part 441 of the Code of Federal Regulations and Chapter 15-10 of the Austin City Code), this form must be completed and submitted to the following address:

**Austin Water  
Special Services Division  
3907 S Industrial Dr, Ste 100  
Austin, TX 78744-1070**

Dental offices in operation on or before June 14, 2017 (existing offices) must submit this report as soon as possible. Dental offices established after June 14, 2017 (new offices), or for any existing office that transfers ownership, must submit this report no later than 90 days after: commencement of discharge from the new office or the effective date of the transfer of ownership for an existing office, respectively.

## IDENTIFYING INFORMATION

Dental Office Information					
Office Name			Owner Name (legal name of person, company or entity)		
Physical Address			Mailing Address		
Street Address			Street Address		Zip Code
City	State	Zip Code	City	State	Zip Code
Dental Business Ownership Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Governmental Agency <input type="checkbox"/> Other Institutional Organization					
Key Dates					
Date that Operations Started at Office			Effective Date of Most Recent Ownership Transfer (if applicable)		

Dental Office Contact Info	
Contact Name	Primary Phone Number
Email Address	Secondary Phone Number (if applicable)

Owner of Property where Dental Office is Operated (if same as above, check here and continue: <input type="checkbox"/> )					
Name (legal name of person, company or entity)			Title (if applicable)		
Property Owner Mailing Address			Property Owner Contact Information		
Site Address			Primary Phone		
City	State	Zip Code	Email Address		



# DENTAL OFFICE: ONE-TIME COMPLIANCE REPORT

Authorized Representative for Dental Office	
Identify an Authorized Representative for the Dental Office below. For a corporation this must be a responsible corporate officer meeting the requirements of 40 CFR § 403.12(l)(1). For partnerships or sole proprietorships this must be a general partner or proprietor, respectively. For government agencies or institutional organizations this must be the director or highest appointed official designated to oversee the business operations.	
Printed Name	Signature
Title	Email Address
Duly Authorized Representative for Dental Office	
A Duly Authorized Representative may be identified by the Authorized Representative above to sign and certify this report if the specified person holds a position with responsibility for the overall operations of the business or overall responsibility for environmental matters for the business in accordance with 40 CFR § 403.12(l)(3). The Duly Authorized Representative must be different person from the Authorized Representative.	
Printed Name	Signature
Title	Email Address

## REGULATORY EXEMPTION CERTIFICATION

Based on any of the following criteria, a dental office may qualify for an exemption from: amalgam separator installation and maintenance requirements; and implementation of prescribed best management practices (BMPs). Mark the box or boxes below and include your initials to certify each exemption claimed. If claiming a regulatory exemption and no amalgam separator is or will be installed, proceed to the Compliance Certification section on page 4, otherwise proceed to the Operations and Maintenance (O&M) Information section below.

- The dental office identified exclusively practices one or more of the following dental specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.  
 \_\_\_\_\_ (initials).
- The dental office identified conducts all dental services from one or more mobile units.  
 \_\_\_\_\_ (initials).
- The dental office identified collects all dental amalgam process wastewater (not the solids collection container) for transfer/hauling to a Centralized Waste Treatment facility as defined in 40 CFR § 437.  
 \_\_\_\_\_ (initials).
- The dental office identified does not place or remove dental amalgam, except in limited emergency or unplanned, unanticipated circumstances (this means that, on average, less than 5% of the removal procedures involve dental amalgam, and that the business does not stock amalgam capsules or accept new patients with amalgam fillings).  
 \_\_\_\_\_ (initials).

## O&M AND BMP INFORMATION AND CERTIFICATION

Operations Overview	
Total Number of Chairs	Total Number of Chairs Amalgam Wastewater May Be Present
Total Number of Amalgam Separators or Equivalent Devices	Amalgam Separator(s) Plumbed to Sanitary Sewer (Yes or No)

## DENTAL OFFICE: ONE-TIME COMPLIANCE REPORT

Amalgam Separator Information				
Manufacturer Name	Model	Date Installed	Number of Chairs Served	Is Separator Certified Under ANSI/ADA 108-2009 and/or ISO 11143 ?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Equivalent Amalgam Removal Device Information				
Manufacturer Name	Model	Date Installed	Number of Chairs Served	Average Removal Efficiency as Determined by 40 CFR § 441.30(a)(2)(i-iii)

Is a 3rd party service provider used in maintaining amalgam separators or equivalent devices in accordance with 40 CFR § 441.30 or 40 CFR §441.40?

Yes                       No

3 <sup>rd</sup> Party Service Provider (if applicable)			
Name (legal name of person, company or entity)	Primary Phone		
Street Address	City	State	Zip Code

If a 3<sup>rd</sup> party service is not used, provide a description of in-house practices employed by the dental office to ensure proper O&M of the amalgam separator(s) or device(s) in accordance with 40 CFR § 441.30 and 40 CFR § 441.40:

**Certification is required for facilities with an amalgam separator installed.** Mark the box below and include initials to certify that each of the following statements related to O&M and BMPs are being followed:

The dental office identified uses amalgam separator(s) or equivalent device(s) that are designed and will be operated and maintained to the requirements specified in 40 CFR §441.30 or § 441.40.

\_\_\_\_\_ (initials)

The dental office identified is implementing BMPs specified in 40 CFR § 441.30 or § 441.40, including the prohibition of the discharge of waste amalgam to the sanitary sewer system; and the prohibition of the use of oxidizing and acidic cleaning products on traps and lines that discharge amalgam process wastewaters to the sanitary sewer.

# DENTAL OFFICE: ONE-TIME COMPLIANCE REPORT

## COMPLIANCE CERTIFICATION

The Authorized Representative, or Duly Authorized Representative, as identified on page 2, in accordance with 40 CFR § 403.12(l), must sign to certify this statement.

***“I certify that I am a responsible corporate officer, a general partner or proprietor (if the office is a partnership or sole proprietorship), or a duly authorized representative in accordance with the requirements of 40 CFR § 403.12(l) of the above named dental office, 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.”***

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## RECORD RETENTION PERIOD

As long as a dental office subject to this 40 CFR 441 is in operation, or until ownership is transferred, the dental office or an agent or representative of the dental office must maintain this One-Time Compliance Report and make it available for inspection in either physical or electronic form.

## AUSTIN WATER USE ONLY

Received Date	Entered By and Date	Exemption Claimed

