



**Clermont County Water Resources**  
**ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS**  
**to Comply with 40 CFR 441.50**

**Effluent Limitations Guidelines and Standards for the Dental Office Category**

Return original **HARD COPY** with **“wet ink” signature** to:

**Clermont County Water Resources**  
**Dental Amalgam Program**  
**1003 US 50**  
**Milford, OH 45150**

*Retain a copy of this form for your records*



Scan with QR Reader

Information website: <http://wrd.clermontcountyohio.gov/dental-amalgam/>

This form may be completed by a third party on the behalf of the dental office, but the submission must be signed by at least one of the following (check the box that applies)

- A responsible corporate officer if the dental office is a corporation;
- A general partner or proprietor if the dental office is a partnership or sole proprietorship; or
- A duly authorized representative of the responsible corporate officer, or general partner or proprietor.

This form is to be submitted to CCWRD by the following deadlines (check the box that applies):

- Immediately**, for facilities which began discharging on or prior to July 14, 2017;
- Within 90 days** after first dental discharge, if the first dental discharge began after July 14, 2017; or
- Within 90 days** after a transfer of ownership [40 CFR 441.50\(a\)\(4\)](#)

**General Information**

Name of Facility			
Physical Address of Dental Facility			
City:		State:	Zip:
Mailing Address <input type="checkbox"/> Same as physical address			
City:		State:	Zip:
Facility Contact/Title:			
Phone:		Email:	
Name(s) of Owner(s):		Approximate Ownership Date:	

Names of Licensed Dentists in Facility	License Number

**Applicability: Please Select One of the Following**

<input type="checkbox"/>	<p>This facility is exempt from this rule (<a href="#">40 CFR Part 441</a>) based on the exclusive practice of the dental specialty checked below:</p> <p> <input type="checkbox"/> Oral pathology      <input type="checkbox"/> Oral and maxillofacial radiology      <input type="checkbox"/> Oral and maxillofacial surgery  <input type="checkbox"/> Orthodontics      <input type="checkbox"/> Periodontics      <input type="checkbox"/> Prosthodontics </p> <p><i>Complete section E only</i></p>
<input type="checkbox"/>	<p>This facility is a dental discharger subject to this rule (<a href="#">40 CFR Part 441</a>) as it places or removes dental amalgam.</p> <p><i>Complete sections A, B, C, D, and E</i></p>
<input type="checkbox"/>	<p>This facility is a dental discharger subject to this rule but (1) it does not place dental amalgam, and (2) it does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances.</p> <p><i>Complete section E only</i></p>
<input type="checkbox"/>	<p><b>Transfer of Ownership:</b> This facility is a dental discharger subject to this rule (<a href="#">40 CFR Part 441</a>), 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 <a href="#">40 CFR 441.50(a)(4)</a></p> <p><i>Complete sections A, B, C, D, and E</i></p>

**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):		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Does this Facility currently have Amalgam Removing Unit(s) installed? <i>If "Yes", fill out Section B, C, D</i>

**Section B**

**Description of Amalgam Separator or Equivalent Device (check one):**

*I certify that this facility shall remove dental amalgam solids from all amalgam process water through the installation, operation, and maintenance of one or more amalgam separator(s) or equivalent removal device(s):*

<input type="checkbox"/>	The dental facility has in operation, one or more amalgam separators which meet the requirements of <a href="#">40 CFR 441.30(a)(1)(i) and (ii)</a> that captures all amalgam containing waste at the following number of chairs at which amalgam placement or removal may occur:	Chairs:
<input type="checkbox"/>	The dental facility installed prior to June 14, 2017 and had in operation one or more existing amalgam separators that do not meet the requirements of <a href="#">40 CFR 441.30(a)(1)(i) and (ii)</a> 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 <a href="#">40 CFR 441.30(a)(1)</a> or <a href="#">40 CFR 441.30(a)(2)</a> , after their useful life has ended, and no later than <b>June 14, 2027</b> , whichever is sooner.	Chairs:
<input type="checkbox"/>	The dental facility operates an <b>equivalent device</b> , which is <u>not</u> an Amalgam Separator. I have <b>attached information</b> stating that the device(s) satisfies all of the requirements in <a href="#">40 CFR 441.30(a)(2)</a>	Chairs:

Unit Description	Make	Model	Year of installation

**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 <a href="#">40 CFR 441.30</a> or <a href="#">40 CFR 441.40</a> .
<input type="checkbox"/>	YES	A third-party service provider is under contract with this facility to ensure proper design, operation, and maintenance in accordance with 40 CFR 441.30 or 40 CFR 441.40.
<input type="checkbox"/>	NO	

If YES, provide the information of the third-party service provider:

Employer/Third Party Service Provider	Maintenance Operator First and Last Name

If **NO**, provide a description below or with an attachment of the practices employed by the facility to ensure proper operation and maintenance in accordance with [40 CFR 441.30](#) or [40 CFR 441.40](#).

***Describe practices:***

#### Section D

#### Best Management Practices (BMP) Certifications

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <p>The above named dental discharger is implementing the following BMPs as specified in <a href="#">40 CFR 441.30(b)</a> or <a href="#">40 CFR 441.40</a> 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, must not be 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 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).</li></ul> |
|--------------------------|--|

**Section E**

**Certification Statement**

I certify that as this facility is in operation, or until ownership is transferred, this facility (or an agent or representative of the facility) must maintain this One-Time Compliance Report. This facility shall also maintain the manufacturer’s operating manual for all current amalgam-removing devices. These documents shall be available for inspection in either physical or electronic form. In addition, this facility (or an agent or representative of this facility) shall retain and make available for inspection the following physical or electronic records for a minimum of three years: a. Documentation of date(s), person(s) conducting the inspection, and results of each inspection of the amalgam-removing unit(s), and a summary of follow-up actions, if needed; b. Documentation of amalgam retaining container or equivalent container replacement (including the date, as applicable); c. Documentation of all dates that collected dental amalgam is picked up or shipped for proper disposal in accordance with 40 CFR 261.5(g)(3), and the name of the permitted or licensed treatment, storage or disposal facility receiving the amalgam retaining containers; d. Documentation of any repair or replacement of amalgam separator or equivalent device, including the date, person(s) making the repair/replacement, and a description of the repair/replacement (including make or model).

Per [40 CFR 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 [40 CFR 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 40 CFR 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  
(printed):

Phone:

Email:

Authorized Representative Signature:

Date:

**Retention Period; per [40 CFR 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.