



Industrial Pretreatment Program
 Dental Amalgam One-Time Compliance Report
 City of Lebanon Authority WWTF

Instructions

Regulations for mercury discharges from dental offices (dischargers) have been established in the U.S. Code of Federal Regulations (CFR), Title 40: Protection of Environment. These Dental Effluent Guidelines are located at 40 CFR Part rr1. Your facility is required to complete the Dental Amalgam One-Time Compliance Report because it discharges its wastewater to the City of Lebanon Authority (CoLA) Wastewater Treatment Facility. CoLA is required to identify all dental offices in its service area that are subject to the rule and the applicable requirements. CoLA is also required to ensure that the offices comply with the rule.

1. All offices must complete Section A and Section B and have an Authorized Representative sign under Section E. Non-exempt offices must also complete Section C and check the certification Boxes at Section D.1. and D2.
2. If you would prefer, a fillable form is available by contacting compliance@lebanonauthority.org to complete, print, sign and mail (paper original).
3. Return this form to City of Lebanon Authority, Attn: IPP, 2231 Ridgeview Road, Lebanon, PA 17042. The form may be scanned and emailed to compliance@lebanonauthority.org or faxed to 717-272-1984, however the original must follow in the mail.
 - a. New-Users – Any office that begins discharge after July 14, 2017 to CoLA after must return this form within 90 days of beginning discharging to CoLA or November 1, 2018; whichever is later.
 - b. Existing Users – Any office that was discharging to CoLA prior to July 14, 2017, must return this form by October 12, 2020 or within 90 days after transfer of ownership or beginning working out of an existing dental office (partnership, sublet, etc).
 - c. If a Previous One-Time Compliance Report was submitted, check all changes that apply:
 - Change in ownership
 - Change in exempt status
 - Change in location
 - Facility name change

IMPORTANT: Falsification of information on this form or failure to respond may be grounds for additional fees, inspections, or monitoring, termination of service or result in civil and/or criminal penalties.

Section A: General Information

Dental Business Owner Name					
Business Name			Owner Name (legal name of person, company or entity)		
Dental Facility Physical Address			Dental Business Mailing Address		
Street Address (including building and/or suite ID)			Mailing Address		
City	State	Zip Code	City	State	Zip Code
Municipality (Borough, Township, Town)					

Dental Business Contact Info	
Contact Name	Primary Phone
Contact E-mail Address	Secondary Phone

Owner of Property where Dental Business is Operated (if same, check here <input type="checkbox"/>)	
Name (legal name of person, company or entity)	Title (if applicable)

Property Owner Mailing Address			Property Owner Contact Information	
Mailing Address			Primary Phone	
City	State	Zip Code	Email Address	

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				
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Key Dates	
Date that Dental Business Operation Started at Facility	Effective Date of Most Recent Ownership Transfer of Dental Business

Authorized Representative for Dental Business	
Identify an Authorized Representative for the Dental Business 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	Telephone No.

Duly Authorized Representative for Dental Business	
A "Duly Authorized Representative" may be authorized by the Authorized Representative identified 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).	
Printed Name	Signature
Title	Telephone No.

Section B. Regulatory Status & Exemptions

Select your status:

Dental Discharger – Non-exempt

Or

Dental Discharger – Exempt - Based on any of the following criteria, dental business may qualify for an exemption from: amalgam separator installation and maintenance requirements; and implementation of prescribed best management practices. Mark the check box and include your initials to certify each exemption claimed. If claiming an exemption you may proceed to the Compliance Certification section (E).

“The dental business identified exclusively practices one or more of the following dental specialties: Oral Pathology, Oral and maxillofacial radiology, Oral and maxillofacial surgery, Orthodontics, Periodontics, Prosthodontics.

_____ (initials).

“The dental business identified conducts all dental services from one or more mobile units (defines as a specialized mobile self-contained van, trailer or other equipment used in providing dentistry services at multiple locations).”

_____ (initials).

“The dental business identified collects all dental amalgam process wastewater for transfer and hauling to a Centralized Waste Treatment facility as defined in 40 CFR 437.”

_____ (initials).

“The dental business identified does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances (according to the rules 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).

Section C. Equipment Information

Process Overview

Total Number of Chairs at the Dental Business Facility	Number of chairs in which dental amalgam wastewater may be produced
Number of Amalgam Separators or Equivalent Amalgam Removal Devices Installed	

YES <input type="checkbox"/>	NO <input type="checkbox"/>	This facility discharges amalgam process wastewater prior to July 14 th , 2017 under any ownership.
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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 at the following number of chairs at which amalgam placement or removal may occur:	<i>Chairs:</i>
<input type="checkbox"/>	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) 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.	<i>Chairs:</i>

Manufacturer Name	Model	Year Installed	Number of Chairs Served	Is Separator Certified Under ISO 11143 Standard?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

My facility operates an equivalent device (fill out information below)

Equivalent Amalgam Removal Device Information				
Manufacturer Name	Model	Year Installed	Number of Chairs Served	Average Removal Efficiency of Equivalent Amalgam Removal Device as Determined by 40 CFR 441.30(a)(2)i-iii?

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

YES NO Is a 3rd party service provider used in maintaining amalgam separators or equivalent devices?

3 rd party service provide for separator or equivalent device maintenance (if applicable)			
Name (legal name of person, company or entity)		Contact Person Name	
Mailing Address		Primary Phone	
City	State	Zip Code	Email Address

If a 3rd party service is NOT used for services, provide a brief description of in-house practices employed by the dental business to ensure proper operation and maintenance of these separators or devices in accordance with 40 CFR 441.30 and 40 CCFR 441.40:

Mark the check box and include your initials to certify each of the following statements (required non-exempt):

D1-“The dental business identified uses amalgam separator(s) or equivalent device(s) that are designed and will be operated and maintained to meet the requirements specified in 40 CFR § 441.30 or § 441.40.”

_____ (initials).

D2-“The dental business identified is implementing Best Management Practices (BMPs) specified in 40 CFR § 441.30 or § 441.40, including the prohibition of the discharge of waste amalgam to the sewer system; and the prohibition of the use of oxidizing and acidic cleaning products on plumbing fixtures and lines that convey amalgam wastes.”

_____ (initials).

Section E: Compliance Certification

The Authorized Representative or Duly Authorized Representative as identified in accordance with 40 CFR 403.12 (I), must sign this statement.

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.

Printed Name

Title

Signature

Date

OFFICE USE ONLY

Date Received:	Entered By:
Municipality:	Review with facility if additional certifications required. <input type="checkbox"/> Yes <input type="checkbox"/> No
Exempt from Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Number of Separators & Equivalent Devices:
Were Amalgam Separator(s) / Amalgam Removal Device(s) installed before June 14, 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No	