

DENTAL DISCHARGER ONE-TIME COMPLIANCE REPORT

Submit this form to SOCWA within 90 days of the opening date of a new dental facility. A new facility is defined as a dental facility whose first discharge to a POTW occurs after July 14, 2017.

All existing dental facilities are required to submit this form to SOCWA by July 14, 2020.

This report is mandated by the Dental Office Point Source Category, found at 40 CFR Part 441.

Return the completed form via postal mail, email, or fax to:

Source Control Manager
SOCWA
34156 Del Obispo
Dana Point, CA
92629

Kgreenwood@socwa.com

Phone: 949-234-5412

Fax: 949-489-0130

SECTION A – Facility Information
Facility Name:
Facility Physical Address:
Facility Mailing Address:
Name of Facility Owner(s)/Operator(s):
Facility Contact Telephone:
Facility Contact Email:
Facility in Business Since:

Place your initials in the right hand column if the preceding statement is correct:

SECTION B – Exemptions	Initial if Affirmative
<i>“The above named dental facility does not place or remove dental amalgam, except in limited emergency or unplanned, unanticipated circumstances.”</i>	
<i>“The above named dental facility exclusively practices one or more of the following dental specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.”</i>	
<i>“The above named dental facility does not discharge any amalgam process wastewater to a POTW and instead transfers all amalgam process wastewater to a Centralized Waste Treatment (CWT) facility.”</i> Name/Location of CWT facility:	
<i>“The above named facility practices dentistry out of a mobile unit.”</i>	

If either of the above statements is affirmed, skip to SECTION D - Certification. If not, complete SECTION C – Requirements below.

SECTION C – Requirements	Initial if Affirmative
<p><i>“The above named dental facility has installed appropriately sized amalgam separator(s) described below:”</i></p> <p><i>Number of chairs with amalgam separators:</i></p> <p><i>Manufacturer(s) and Model(s):</i></p> <p><i>Date of installation:</i></p> <p><i>Are separators certified under the ANSI/ADA 108-2009 or ISO 11143 standards to remove at least 95% of amalgam? Yes or no.</i></p>	
<p><i>“The above named dental facility operates and maintains amalgam separators in accordance with all manufacturers’ instructions, including regular inspections of separators and waste disposal practices.”</i></p>	
<p><i>“The above named dental facility hires a third party company to maintain all amalgam separators.”</i></p> <p><i>Name of Third Party Company:</i></p>	
<p><i>“The above named dental facility has implemented written policies and procedures as follows:”</i></p> <p><i>A prohibition of the discharge of waste amalgam to the sewer system.</i></p> <p><i>A prohibition of the use of oxidizing and acidic cleaning products such as bleach and peroxide on plumbing fixtures and lines that convey amalgam wastes.</i></p>	

SECTION D – Certification
<p><i>“I, _____ (duly authorized representative of the above named dental facility), 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></p> <p><i>Signature _____ Date _____</i></p>