



Dental Discharger's One-Time Compliance Report

UTILITIES DEPARTMENT
Environmental Compliance
3900 Holly Drive
Tracy, CA 95304
MAIN 209.831.6331
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www.cityoftracy.org

DENTAL OFFICE POINT SOURCE CATEGORY: PSES (40 CFR 441.30) and PSNS (40 CFR 441.40)

Dental Dischargers that have been in business at the current address on or before July 14, 2017 are considered an Existing Source Dental Discharger (PSES 40 CFR 441.30) and must complete this ONE-TIME COMPLIANCE REPORT and submit to the City of Tracy Environmental Compliance Section on or before OCTOBER 12, 2020, or 90 days after a transfer of ownership.

Dental Dischargers whose first discharge to the City of Tracy sewer system occurs after July 14, 2017 are considered a New Source Dental Discharger (PSES 40 CFR 441.40) and must complete this ONE-TIME COMPLIANCE REPORT and submit to the COT Environmental Compliance Section no later than 90 days following the introduction of wastewater into the COT sewer system.

Once completed, please mail this report to:

**City of Tracy, Utilities
Environmental Compliance Section
3900 Holly Drive
Tracy, CA. 95304**

SECTION A: FACILITY INFORMATION

Facility Name
Physical Address
Mailing Address
Contact Information: Phone Email
Name(s) of operators(s) and owner(s)
Name of Authorized Representative(s) Must meet the requirements of 40 CFR 403.12(I)(1)
Date business was established at this location

SECTION B: EXEMPTIONS

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.

- 441.10 (c) The facility indicated in Section A above exclusively practices one or more of the following dental specialties: Oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.
- 441.10 (d) The facility indicated in Section A above is a mobile unit operated by a dental discharger.
- 441.10 (e) The facility indicated in Section A above does not discharge any amalgam process wastewater to the City of Tracy sewer system, but collects all dental amalgam process wastewater for transfer off-site to a facility that treats the waste (like a Centralized Waste Treatment Facility).
- 441.10 (f) The facility indicated in Section A above is a Dental Discharger that does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances, and I certify to City of Tracy Environmental Compliance Section (the Control Authority) that this facility is exempt from any further requirements of 40 CFR 441, other than this One-Time Compliance Report.
- There are no exemptions that apply to my facility—**Continue on to Section C**

The Authorized Representative, or Duly Authorized Representative as identified in accordance with in accordance with 40 CFR 403.12(l), 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.

Signature of Authorized Person

Date

Printed Name

Printed Title

If you have signed that you are exempt without further compliance requirements, you do not have to continue to the next Section.

SECTION C: DESCRIPTION OF DENTAL OFFICE PRACTICE

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	

AMALGAM SEPERATOR INFORMATION					
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

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: MAINTENANCE AND OPERATION OF AMALGAM SEPERATOR(S) OR EQUIVALENT DEVICE(S)

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

Name of the third-party service provider that maintains the amalgam separator(s) or equivalent device(s) operated at the dental office (if applicable):

If a third-party service provider is not used, please give a brief description of the practices employed by the facility to ensure proper operation and maintenance of the amalgam separator(s) or equivalent device(s) in accordance with 40 CFR 441.30 or 441.40.

Section E: CERTIFICATION

Mark the check box and include your initials to certify each of the following statements:

- 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 § 441.40s.
- 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.

The Authorized Representative, or Duly Authorized Representative as identified in accordance with in accordance with 40 CFR 403.12(l), 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.

Signature of Authorized Person

Date

Printed Name

Printed Title