



**SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT**  
**Wastewater Source Control Section**  
**Dental Discharger One-Time Compliance Report**  
*This form complies with the Code of Federal Regulations (CFR) Title 40 Part 441*

**You must keep a copy of this Report for as long as you are in operation or until ownership is transferred**

**FOR QUESTIONS**

- Call the Wastewater Source Control Section at (916) 875-6470
- Email the Wastewater Source Control Section at [amalgamrecovery@sacsewer.com](mailto:amalgamrecovery@sacsewer.com)
- Call the Business Environmental Resource Center at (916) 874-2100

**INSTRUCTIONS**

- Please read the instructions and each section carefully to ensure that the form is filled out completely
- Dental Dischargers, as defined below, in Regional San’s service area must fill out this form
  - The Regional San service area includes unincorporated Sacramento County; the cities of Citrus Heights, Elk Grove, Folsom, Rancho Cordova, Sacramento, and West Sacramento; and the communities of Courtland and Walnut Grove
- Print legibly or type
- The form must be signed by an owner, partner, corporate officer, or government entity director
- Submit a new form with a transfer of ownership, change of amalgam separator, or change in third party amalgam separator maintenance provider
- Dental Dischargers in buildings with a shared vacuum system are responsible for their own compliance, including ensuring that their amalgam wastewater is captured by an amalgam separator, and must complete and submit a signed One-Time Compliance Report

**Dental Discharger Definition**

A facility where the practice of dentistry is performed, including, but not limited to, institutions, permanent or temporary offices, clinics, home offices, and facilities owned and operated by Federal, state, or local governments, that discharges wastewater to a publicly owned treatment works (POTW).

**General Information**

<b>Name of Practice:</b>
<b>Physical Address:</b>
<b>Mailing Address (if different):</b>

<b>Practice Contact:</b>				
<b>Name:</b>		<b>Title:</b>		
<b>Phone:</b>		<b>Email:</b>		
<b>Name(s) of Owner(s)/Operator(s)/Corporate Officer(s):</b>				
<b>Other Dentists at this Practice:</b>				
<b>Is this a transfer of ownership (after July 14, 2017)? (§ 441.50(a)(4)):</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>If yes, date of transfer:</b>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>This facility discharged amalgam wastewater prior to July 14, 2017 under any ownership (If no, compliance is required immediately; if yes, compliance is required by July 14, 2020)</b>		

Please select one of the following

<input type="checkbox"/>	This practice is a dental discharger subject to this rule (40 CFR Part 441) and places or removes dental amalgam. <i>Complete sections A, B, C, and D</i>
<input type="checkbox"/>	This practice is a dental discharger subject to this rule and (1) does not place dental amalgam, and (2) does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. <i>Complete section D only</i>
<input type="checkbox"/>	This facility is a dental discharger subject to this rule (40 CFR Part 441), and has previously submitted a One-Time Compliance Report. This facility is submitting a new One-Time Compliance Report due to a transfer of ownership as required by § 441.50(a)(4). <i>Complete sections A, B, C, and D</i>
<input type="checkbox"/>	This facility is a dental discharger subject to this rule (40 CFR Part 441), and has previously submitted a One-Time Compliance Report. This facility is submitting a new One-Time Compliance Report due to a replacement of the amalgam separator or a change in the third party amalgam separator maintenance provider. <i>Complete sections A, B, C, and D</i>
<input type="checkbox"/>	This practice is not subject to this rule for the following reason: <ul style="list-style-type: none"> <li><input type="checkbox"/> It exclusively practices one or more of the following specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics</li> <li><input type="checkbox"/> It is a mobile unit as defined by § 441.20(h)</li> <li><input type="checkbox"/> It does not discharge any amalgam process wastewater to a publicly owned treatment works (all amalgam process wastewater is collected and shipped to a Centralized Wastewater Treatment facility for treatment)</li> </ul> <i>Complete section D only</i>

**Section A**  
**Description of facility**

<b>Total number of chairs:</b>				
<b>Total number of chairs at which amalgam placement or removal occurs:</b>				
<b>Type of Practice Location:</b>	<input type="checkbox"/> Single practice building	<input type="checkbox"/> Multi practice building	<input type="checkbox"/> Institution	<input type="checkbox"/> Temporary
<b>Amalgam Separator Owner Name and Type (individual practice, building owner, property manager, etc.):</b>				
<b>List any other practices that share the amalgam separator:</b>				

**Section B**  
**Description of amalgam separator or equivalent device – Choose from Option 1 or 2 below**

**Option 1**

<input type="checkbox"/>	This facility installed prior to June 14, 2017 one or more existing amalgam separators <b>not compliant</b> with 40 CFR Part 441.30(a)(1)(i) and (ii) that captures all amalgam containing waste at the following <b>number of chairs</b> at which amalgam placement or removal may occur:			<b>Chairs:</b>
	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.			
	<b>Make</b>	<b>Model</b>	<b>Date of Installation</b>	

## Option 2

<input type="checkbox"/>	This facility has installed one or more amalgam separators <b>compliant</b> with the below specification that captures all amalgam containing waste at the following <b>number of chairs</b> at which amalgam placement or removal may occur:		<b>Chairs:</b>
	<input type="checkbox"/>	ANSI/ADA Specification for Amalgam Separators (2011)	
	<input type="checkbox"/>	ISO 11143 Standard (2008) or subsequent versions so long as that version required amalgam separators to achieve at least 95% removal efficiency	
	<input type="checkbox"/>	Equivalent Device*	
<b>Make</b>		<b>Model</b>	<b>Date of Installation</b>
*If Equivalent Device, what is the average removal efficiency as determined per § 441.30(a)(2)i- iii?			

### Section C

#### Operation and Maintenance of Amalgam Separator/Equivalent Device

<b>Is a third-party service provider under contract with this facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40?</b>		
<input type="checkbox"/>	Yes	Name of third party service provider (Company Name) that maintains the amalgam separator or equivalent device:
<input type="checkbox"/>	No	If no, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40.
<i>Describe practices (inspections, cartridge replacement, etc.—refer to § 441.30(a)(1)(iv-vi) and 441.50(b)):</i>		

**Section D**

**Certification Statement**

**By signing this form, I certify the following:**

- The amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in § 441.30 or § 441.40.
- The above named dental discharger is implementing the following BMPs as specified in § 441.30(b) or § 441.40(b) and will continue to do so.
  - Waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, is not discharged to a publicly owned treatment works (e.g., municipal sewage system).
  - Dental unit wastewater 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 or those that have a pH lower than 6 or greater than 8 (i.e. cleaners that may increase the dissolution of mercury).

Per § 441.50(a)(2), the One-Time Compliance Report must be signed and certified by a <b>responsible corporate officer</b> , an <b>owner</b> , a <b>general partner or proprietor</b> if the dental facility is a partnership or sole proprietorship, or <b>government entity director</b> in accordance with the requirements of § 403.12(l).	
<i>"I am a responsible corporate officer, a general partner or proprietor (if the facility is a partnership or sole proprietorship), or a government entity director in accordance with the requirements of § 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."</i>	
Authorized Representative Name (print name):	
Title (president, owner, partner, etc.):	
Authorized Representative Signature	Date

**Retention Period per § 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.

**Retain a copy of this Report**

Submit To

Sacramento Regional County Sanitation District (Regional San)  
 Wastewater Source Control Section (WSCS)  
 10060 Goethe Road  
 Sacramento, CA 95827  
 Fax: 916-854-9286