

A. INSTRUCTIONS

Purpose and Use of this Form:

Federal and State regulations require that all dental facility waters likely to come into contact with amalgam waste must be treated prior to discharge by an amalgam separator meeting certain specifications. If the discharge is to a sewage treatment works, a written compliance report must be provided to the appropriate sewage treatment works or sewer authority. Within the five boroughs of New York City (and also in the upstate watershed area in which the sewage treatment works are operated by New York City), the written compliance report must be submitted to the New York City Department of Environmental Protection (DEP).

This form is intended to provide a consistent format for dentists to satisfy this one-time reporting requirement. Follow-up reporting by dentists is only required when new separators are placed in service. However, whenever a dental discharger transfers ownership of the facility, the new owner must submit a new one-time Compliance Report to DEP.

Dentists may complete and submit a copy of this form to satisfy the reporting requirements. Alternatively, dentists may use another format which is consistent with the requirements specified in both 6 NYCRR 374-4 and 40 CFR Part 441.

Dentists must comply with the requirements of both 6 NYCRR 374-4 and 40 CFR Part 441, except that where one of the two rules is more stringent than the other, the more stringent rule must be followed.

If the discharge is not to a sewage treatment works, e.g. if the wastewater is discharged to an on-site septic tank/leach field, without subsequent pickup and discharge to a NYC public sewer, the Compliance Report is not required by these rules. Please note that this form is not a permit and that the dental facility owner/operator is responsible for compliance with all other federal, state, and local regulations.

Due Dates:

Dental Facilities must place amalgam separator(s) in service prior to beginning operation and the Compliance Report must be submitted no later than 30 days following first operation.

- **Replacement of separators** - If an amalgam separator fails or is otherwise taken out of service then there may be no discharge from the affected portion of the facility until the separator is replaced. A new Compliance Report for replacement separators must be submitted no later than 30 days following their installation.
- **Transfer of Ownership** - Whenever a dental discharger transfers ownership of the facility, the new owner must submit a new one-time Compliance Report to DEP no later than 30 days after the transfer.

Form Submission:

Please mail or fax to:

NYCDEP
Attn: Industrial Inspections and Permitting
Bureau of Wastewater Treatment
96-05 Horace Harding Expressway, 1st Floor
Corona, NY 11368-5107
Fax: (718) 595-4771

All sections must be completed and submitted to DEP. Failure to install acceptable separators or to provide the required Compliance Report by the applicable due dates will result in noncompliance with the regulation and possible enforcement action. Please maintain a completed copy of this form with your records. **Please do not submit a copy of this form to USEPA or to NYSDEC unless directed to do so by those agencies' staff.**

Additional Information:

Please note that there are also other regulatory requirements applicable to dentists including, but not limited to: proper removal efficiency, sizing, installation, operation, and maintenance of amalgam separators, dental amalgam waste storage, recycling of dental amalgam waste and elemental mercury, record keeping and inspection, and prohibitions on certain activities. A copy of this form, links to the dental amalgam regulations, and general information on mercury are available on the DEP website.

B. DENTAL FACILITY IDENTIFICATION AND INFORMATION

Dental Practice or Facility Name:				Date that dental facility operation began:			
				Month		Day	
				Year			
Facility Street Address (Not P.O. Box):			Municipality (City/Town/Village):			County:	
Mailing Address:				City:		State:	Zip:
Contact Name:			Phone:		Email Address:		
Owner / Operator(s):				Owner / Operator(s):			
Address:				Address:			
City		State	Zip	City		State	Zip

Please select one of the following:

- This facility is a dental discharger subject to these rules (6 NYCRR 374-4 and 40 CFR Part 441) and it places or removes dental amalgam.
Complete sections C, D, E, and F
- This facility is a dental discharger subject to these rules and (1) it does not place dental amalgam, and (2) it does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances.
Complete section F only

C. DESCRIPTION OF AMALGAM SEPARATOR(S)

My facility has installed the following ISO 11143 certified amalgam separators that capture all amalgam containing waste from the below identified chairs where amalgam is placed or removed:

Year Installed	Manufacturer	Model Name / Number	Rate % Removal	Max Rated Flow (gpm)	# of Dental Chairs Served

Total number of separators at this facility: _____ Total number of dental chairs at this facility: _____

Total number of chairs at which amalgam placement or removal occurs _____

Narrative Description (optional):

D. DESIGN, OPERATION AND MAINTENANCE OF AMALGAM SEPARATOR / EQUIVALENT DEVICE

- Yes The amalgam separator (or equivalent device) is designed and is operated and maintained to meet the requirements in 6 NYCRR 374-4 and 40 CFR Part 441.

A third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with 6 NYCRR 374-4 and 40 CFR Part 441.

- Yes Name of service provider: _____
- No If no, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with 6 NYCRR 374-4 and 40 CFR Part 441.
- _____
- _____
- _____

E. BEST MANAGEMENT PRACTICES CERTIFICATIONS

- The above named dental discharger is implementing the following Best Management Practices as specified in 6 NYCRR 374-4 and 40 CFR Part 441 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 water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a public sewer 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).

F. CERTIFICATION STATEMENT

This Compliance Report must be signed and certified by a responsible corporate officer, general partner, member, proprietor or other duly authorized representative.

I, _____, am a duly authorized representative of the above named dental facility. 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 gathered and evaluated 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 fines and imprisonment for knowing violations.

Signature

Date

Title

Phone

Email

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 Compliance Report and make it available for inspection in either physical or electronic form.