



# One-Time Compliance Report for Dental Dischargers

In accordance with federal law (Title 40 of the Code of Federal Regulations (CFR) § 441.50), this form must be completed and returned to the following address:

Anne Arundel County  
 Attn: Pretreatment Program  
 445-A Maxwell Frye Road  
 Millersville, MD, 21108

**Submission Dates:**

Dental dischargers operating under the same ownership since June 14, 2017: Submit a completed compliance report within 30 days of this notification.

New dental dischargers (in operation after June 14, 2017) or existing dental dischargers that have had a transfer of ownership June 14, 2017): Submit a completed compliance report within 45 days after: the opening date of the new dental facility; or the effective date of the transfer of ownership, respectively.

General Information

Name of Dental Facility					
Anne Arundel County Commercial Discharge Permit Number					
Dental Business Owners Name (legal name of person, company, or entity)					
Physical Address of Dental Facility					
City		State		Zip	
Mailing Address ( <input type="checkbox"/> if same; check here )					
City		State		Zip	
Facility Contact					

Phone	(     ) -     ext.	Email	
Names of Owner(s)			
Names of Operator(s) if different from Owner(s)			
Dental Business Ownership Type:			
Sole Proprietor	<input type="checkbox"/>	Government Agency	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Corporation	<input type="checkbox"/>
		Other (specify)	<input type="checkbox"/>
Date that Dental Business Operation Started at Facility			
Effective Date of Most Recent Ownership Transfer of Dental Business			

<b>Authorized Representative for Dental Business</b>	
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(I)(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 business operations.	
Printed Name	Signature of Authorized Representative
Title	Telephone No.
	(     ) -     ext.
<b>Duly Authorized Representative for Dental Business (not valid without signature of Authorized Representative above)</b>	
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(I)(3).	
Printed Name	Signature of Duly Authorized Representative
Title	Telephone No.
	(     ) -     ext.

**Regulatory Exemptions Claimed**

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.

"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, or prosthodontics.” \_\_\_\_\_ (initial)

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

“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.”  
\*Please verify with the Dental Business’s contractor for accuracy.  
\_\_\_\_\_ (initial)

“The dental business identified does not place or remove dental 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).”  
\_\_\_\_\_ (initial)

**Process Information**

Total number of chairs at dental facility						
Total number of chairs at which amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed)						
Number of Amalgam Separators or equivalent Amalgam Removal Devices installed						
<b>Amalgam Separator Information</b>						
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?

a. Is a third party service provider used in maintaining amalgam separators or equivalent devices?

Yes  No

Third party service provide for separator or equivalent device maintenance (if applicable)			
Name (legal name of person, company or entity)		Contact Person Name	
Street Address		Primary Phone	
		(     )     -     ext.	
State	Zip Code	State	E-mail Address

b. If a 3rd party service is **NOT** used for such 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 CFR § 441.40:



c. 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 § 441.40.”  
 \_\_\_\_\_ (initial)

“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. In addition, discharges meet local limits set forth in Anne Arundel County Code § 13-5-504(5) which prohibits wastewater discharge having a pH lower than 6.0 or higher than 10.0 or having any other corrosive property that may be hazardous to the County system or County personnel.”  
 \_\_\_\_\_ (initial)

**Compliance Certification**

**The Authorized Representative, or Duly Authorizes Representative as identified in accordance with in 40 CFR § 403.12(l), must sign this statement:**

*“I am a responsible corporate officer, a general partner or proprietor (if the facility is a partnership or sole proprietorship), or a duly authorized representative 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.”*

Authorized Representative Name (print name):	
Authorized Representative Title:	
Authorized Representative Signature:	
Date:	
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 One Time Compliance Report and make it available for inspection in either physical or electronic form.

**Anne Arundel County Government Use Only**

Date Received:	
Devices installed before June 14, 2017:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total number of Separators & Equivalent Devices :	
Exempt from Regulation:	<input type="checkbox"/> Yes <input type="checkbox"/> No