



# CITY OF CHICOPEE DEPARTMENT OF PUBLIC WORKS

## ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS To comply with 40 CFR 441.50

Effluent Limitations Guidelines and Standards for the Dental Office Category

### Instructions:

This form must be completed by all dental facilities in the City of Chicopee. Dental facilities must submit a one-time compliance report as required by the Effluent Limitations Guidelines and Standards for the Dental Office Category (Dental Amalgam Rule), 40 CFR 441.50.

### 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 after 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.

### Mail completed form to:

City of Chicopee, WPC  
Industrial Pretreatment Program  
80 Medina Street  
Chicopee, MA 01013

This form can also be found on our City Website [www.chicopeema.gov](http://www.chicopeema.gov), on the Water Pollution Control Department page under forms and documents.

General Information (Please Print)

1. **Dental facility Name:** \_\_\_\_\_
2. **Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_
3. **Dental Facility Address:** \_\_\_\_\_  
\_\_\_\_\_

**4. Facility Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**5. Names of Owner(s):** \_\_\_\_\_

\_\_\_\_\_

**6. Names of Operator(s) if different from Owner(s):** \_\_\_\_\_

\_\_\_\_\_

**7. Please select one of the following:**

- This facility is a dental discharger subject to this rule (40CFR Part 441) and it places or removes dental amalgam. Complete sections A, B, C, D & E
- This facility is a dental discharger subject to this rule and (1) it does not place dental amalgam and (2) it does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances.

**Transfer of Ownership (441.50(a)(4))**

- This facility is a dental discharger subject to this rule (40CFR Part 441), and it has previously submitted a one-time compliance report. This facility is submitting a new One-Time Compliance Report because of a transfer of ownership as required by 441.50(a)(4).

**SECTION A – Description of Facility**

Total number of chairs: \_\_\_\_\_

Total number of chairs at which amalgam may be present in resulting wastewater (i.e., chairs where amalgam may be placed or removed): \_\_\_\_\_

The facility discharged amalgam process wastewater prior to July 14th, 2017 under any ownership.

- YES
- NO

**SECTION B – Description of Amalgam Separator or Equivalent Device**

- This dental facility has installed one or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators (or equivalent devices) that captures all amalgam containing waste at the following number of chairs at which amalgam placement or removal may occur:

**#Chairs** \_\_\_\_\_

- The dental facility installed prior to June 14, 2017 one or more existing amalgam separators that do not meet the requirements of 441.30(a)(1)(i) and (ii) at the following number of chairs at which amalgam placement or removal may occur:

**#Chairs** \_\_\_\_\_

- 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.

List all installed amalgam separators below:

Make	Model	Year of Installation
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- My facility operates an equivalent device.

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

\*Average removal efficiency of equivalent device, as determined per 441.30(a)(2)i – iii.

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: \_\_\_\_\_

**SECTION C – Design, Operation and Maintenance of Amalgam Separator/Equivalent Device**

- YES, I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in 441.30 or 441.40.
- YES, I certify that I will visually inspect the amalgam separator in accordance with the manufacturer’s operation manual to ensure proper operation and maintenance; including confirmation that amalgam process wastewater is flowing through the amalgam separating portion of the device(s). In addition, I will maintain a log of any inspections conducted. The

frequency of inspections is typically once per week but may differ depending on the type of separator installed.

- YES, I certify that I will replace the amalgam retaining device as specified in the manufacturer’s operating manual, or when the collecting container has reached the maximum filling level, as specified by the manufacturer in the operating manual, at which the amalgam separator can perform the specified efficiency.

A third party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with 441.30 or 441.40.

- Name of the third party service provider (e.g. Company name) that maintains the amalgam separator or equivalent device (if applicable):

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- NO, if none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with 441.30 or 441.10. Describe practices:

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#### **SECTION D – Best Management Practices (BMP) Certifications**

- The above named dental discharger is implementing the following BMP’s as specified in 441.30(b) or 441.40 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, must not be discharged to publically 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 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 that have a pH lower than 6 or greater than 8 (i.e. cleaners that may increase the dissolution of mercury).

#### **SECTION E – Certification Statement**

Per 441.50(a)(2), the One-Time Compliance Report must be signed and certified by a responsible corporate officer, a general partner or proprietor if the dental facility is a partnership or sole proprietorship, or a duly authorized representative in accordance with the requirements of 403.12(l).

“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:

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Signature	Print Name
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Email address	Phone number
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**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.