

**CITY OF TYLER**  
**WATER UTILITIES DIVISION**  
**ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS**  
**Complies with 40 CFR 441.50**  
**Effluent Limitations Guidelines and Standards for the Dental Office Category**

**Instructions:**

The following is a form that contains the minimum information dental facilities must submit in a one-time compliance report as required by the Effluent Limitations Guidelines and Standards for the Dental Office Category ("Dental Amalgam Rule"). Some dental facilities are not required to submit a one-time compliance report. See the applicability section (§ 441.10) to determine if your facility is required to submit a one-time compliance report.

## General Information

<b>Dental Business Information</b>		
Dental Business Name		
Dental Facility Physical Address	Dental Business Mailing Address	
Street Address (including building and/or suite ID)	Mailing Address	
City / State / Zip Code	City / State / Zip Code	
Dental Business Ownership Type:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership Corporation	<input type="checkbox"/> Governmental Agency <input type="checkbox"/> Other Institutional Org.
Date that Dental Business Operation Started at Facility	Effective Date of Most Recent Ownership Transfer	

<b>Dental Business Contact Info</b>	
Contact Name	Primary Phone
Contact E-mail Address	Secondary Phone

<b>Owner of Property where Dental Business is Operated (if same, check here: <input )="" type="checkbox"/></b>	
Name (legal name of person, company or entity)	Title (if applicable)
Mailing Address	Primary phone
City / State / Zip Code	Email Address

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**ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS**

**Applicability: Please Select One of the Following**

<input type="checkbox"/> This facility is a dental discharger subject to this rule ( <a href="#">40 CFR Part 441</a> ) and it places or removes dental amalgam. <i>Complete sections A, B, C, D, and E</i>	
<b>Transfer of Ownership (Select if applicable) (<a href="#">§ 441.50(a)(4)</a>)</b>	
<input type="checkbox"/> This facility is a dental discharger subject to this rule ( <a href="#">40 CFR Part 441</a> ), 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 <a href="#">§ 441.50(a)(4)</a> . <i>Complete sections A, B, C, D, and E</i>	
<input type="checkbox"/> 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. <i>Complete section E only</i>	
<b>Regulatory Exemptions Claimed</b>	
<input type="checkbox"/> “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.”	
<input type="checkbox"/> “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).”	
<input type="checkbox"/> “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.”	
<input type="checkbox"/> “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).”	

**Section A: Description of Facility**

Total number of chairs at the Dental Business 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:		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	The facility discharged amalgam process wastewater prior to July 14th, 2017 under any ownership.

**CITY OF TYLER**  
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**ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS**

**Section B: Description of Amalgam Separator or Equivalent Device**

<input type="checkbox"/>	The 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. <i>Average removal efficiency of equivalent device is determined per § 441.30(a)(2)i-iii.</i>				<i>Total Chairs:</i>
	<b>Make</b>	<b>Model</b>	<b>Year Installed</b>	<b># of Chairs Served</b>	<b>Compliance</b>
					<input type="checkbox"/> ISO 11143 Certified <input type="checkbox"/> Equivalent Device <u>Average removal efficiency</u>
					<input type="checkbox"/> ISO 11143 Certified <input type="checkbox"/> Equivalent Device <u>Average removal efficiency</u>
					<input type="checkbox"/> ISO 11143 Certified <input type="checkbox"/> Equivalent Device <u>Average removal efficiency</u>
					<input type="checkbox"/> ISO 11143 Certified <input type="checkbox"/> Equivalent Device <u>Average removal efficiency</u>
<input type="checkbox"/>	The dental facility installed prior to June 14, 2017 one or more existing amalgam separators that do not meet the requirements of <u>§ 441.30(a)(1)(i)</u> and <u>(ii)</u> at the following number of chairs at which amalgam placement or removal may occur: <i>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.</i>				<i>Total Chairs:</i>
	<b>Make</b>	<b>Model</b>	<b>Date Installed</b>	<b># of Chairs Served</b>	<b>Notes</b>

**CITY OF TYLER**  
**WATER UTILITIES DIVISION**  
**ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS**

WATER UTILITIES

**Section C: Design, Operation & Maintenance of Amalgam Separator/Equivalent**

I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in <a href="#">§ 441.30</a> or <a href="#">§ 441.40</a> .			(Initials)
A third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with <a href="#">§ 441.30</a> or <a href="#">§ 441.40</a> .			
<input type="checkbox"/>	YES	Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):	
<input type="checkbox"/>	NO	If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with <a href="#">§ 441.30</a> or <a href="#">§ 441.40</a> .	
<i>Describe practices:</i>			

**Section D: Best Management Practices (BMP) Certification**

<input type="checkbox"/>	The above named dental discharger is implementing the following BMPs as specified in <a href="#">§ 441.30(b)</a> or <a href="#">§ 441.40</a> and will continue to do so. <ul style="list-style-type: none"><li>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 a publicly owned treatment works (e.g., municipal sewage system).</li><li>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).</li></ul>
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**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 (*print name*): \_\_\_\_\_

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

Email: \_\_\_\_\_

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*Authorized Representative Signature*

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*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.