



**One-Time Compliance Report
City of Spokane
Wastewater Treatment Facility
Industrial Pretreatment Program**



Section 1- Facility Information

Name of Dental Practice: _____

Facility Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

Email Address: _____

Authorized Representative as defined in SMC 13.03A.0103.D: _____ Date of first discharge under current ownership: _____

Name: _____ Dentist License #: _____

Please list additional practicing dentist names and license numbers on page 2 of this sheet, if applicable.

Section 2- Exemption Certification (Skip to Section 3 if your facility does not qualify for exemption)

- I certify that the provisions of 40 CFR Part 441 do not apply to process wastewater discharges because this facility exclusively practices one of the following dental specialties:
 - Oral Pathology
 - Oral and maxillofacial radiology
 - Oral and maxillofacial surgery
 - Orthodontics
 - Periodontics
 - Prosthodontics
- This dental practice is exempt from any further requirements of this rule because they practice exclusively in a mobile unit, such as a van, truck, or trailer.
- This dental practice is exempt from any further requirements of this rule because they do not discharge to sanitary sewer, such as collection of all dental amalgam wastewater for transfer to a Centralized Waste Treatment facility.
- This dental practice is exempt from any further requirements because they do not place or remove amalgam except in limited emergency, unplanned, unanticipated circumstances, and do not accept new patients that have amalgam fillings.

Signed by an authorized representative as defined in SMC 13.03A.0103.D

Signature: _____

Printed Name: _____ Title: _____

If you checked any of the above exemptions, please sign above and return the form. Do not fill in the remainder of the form.

Section 3- Description of Operation:

Total number of chairs: _____ Chairs at which dental amalgam may be present in the resulting wastewater: _____

Section 4- Amalgam Removal Device Information:

Does the facility have an installed amalgam removal device? Yes No

Briefly describe the practices employed to ensure proper operation and maintenance of the amalgam removal device:

- 2008 ISO 11143 Certified
- ANSI/ADA specification 108:2009
- Meets the requirements in 40 CFR 441.30(a)(2)

Make: _____

Model: _____

Manufacturer recommended frequency of container change: _____

Year Installed: _____

(List additional devices on page 2, if applicable)

If no amalgam removal device is installed or it does not meet the qualifications listed in 40 CFR 441.30(a)(1) or (2), please include the make, model, and recommended container frequency change of the separator(s) planned for installation.

Planned Installation Date: _____

Section 5- Certification Statement:

I certify that the amalgam removal device(s) is designed and will be operated and maintained to meet the requirements in 40 CFR 441.30(b) or 40 CFR 441.40(b), and will continue to do so.

I further certify that the facility is employing the City of Spokane Industrial Pretreatment Program Dental Office Best Management Practices, as applicable.

Signature: _____

Signed by an authorized representative as defined in SMC 13.03A.0103.D

Printed Name: _____

Title: _____

Dental dischargers must maintain on site and available for inspection (in either physical or electronic form) the following records:

- i Documentation of each inspection with the inspection date, name of inspector(s), inspection results, and follow-up actions, if needed;
- ii Documentation specifying the date of amalgam retaining cartridge replacement in accordance with 40 CFR 441.40(c)(v) or 40 CFR 441.40(d)(iv);
- iii Documentation of all dates that collected dental amalgam is picked up or shipped for disposal according with 40 CFR 261.5(g)(3), and the name of the permitted or licensed treatment, storage, or disposal facility receiving the amalgam retaining containers;
- iv Documentation for any repair and replacement log for your amalgam removal device, including the date, person(s) making the repair or replacement, and a description of the repair and replacement (including make and model); and,
- v Dischargers or an agent or representative of the dental discharger must maintain and make available for inspection in either physical or electronic form the manufacturers operating manual for the current device.

Additional Practicing Dentists and License Numbers, if any:

Name: _____	Dentist License #: _____
Name: _____	Dentist License #: _____
Name: _____	Dentist License #: _____
Name: _____	Dentist License #: _____
Name: _____	Dentist License #: _____
Name: _____	Dentist License #: _____
Name: _____	Dentist License #: _____

Additional Amalgam Removal Devices, if any:

2nd Amalgam Removal Device	<input type="checkbox"/> 2008 ISO 11143 Certified
Make: _____	<input type="checkbox"/> ANSI/ADA specification 108:2009
Model: _____	<input type="checkbox"/> Meets the requirements in 40 CFR 441.30(a)(2)
Manufacturer recommended frequency of container change: _____	
3rd Amalgam Removal Device	<input type="checkbox"/> 2008 ISO 11143 Certified
Make: _____	<input type="checkbox"/> ANSI/ADA specification 108:2009
Model: _____	<input type="checkbox"/> Meets the requirements in 40 CFR 441.30(a)(2)
Manufacturer recommended frequency of container change: _____	
4th Amalgam Removal Device	<input type="checkbox"/> 2008 ISO 11143 Certified
Make: _____	<input type="checkbox"/> ANSI/ADA specification 108:2009
Model: _____	<input type="checkbox"/> Meets the requirements in 40 CFR 441.30(a)(2)
Manufacturer recommended frequency of container change: _____	

Return completed form to:

Dental Amalgam Compliance Manager
 City of Spokane Wastewater Management
 4401 N. Aubrey L. White Pkwy
 Spokane, WA 99205-3939
 Phone: (509) 625-4600

For City of Spokane use		ID:
Sent:	Received:	
2 M:		
3 M:		
EPA:		