



# UPPER BLACKSTONE

## WATER POLLUTION ABATEMENT DISTRICT

Engineer Director / Treasurer Karla H. Sangrey, P.E.

### PERMIT APPLICATION (COMPLIANCE REPORT FOR DENTAL DISCHARGERS) To Comply with 40 CFR 441.50 Effluent Limitations Guidelines and Standards for the Dental Office Category

1. **Dental Facility Name:** \_\_\_\_\_

2. **Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

3. **Dental Facility Premise address:** \_\_\_\_\_  
\_\_\_\_\_

5. **Facility Contact:**  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

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

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

8. **Please select one of the following:**
- This facility is a dental discharger subject to this rule (40 CFR Part 441) and it places or removes dental amalgam.  
(Complete Sections A, B, C, D and 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.  
(Complete Section E only)

**(Also, select if Applicable)**

- This facility discharges to a septic system and is not connected to public sewer. If so, please name the wastewater treatment plant the septic tank contents is hauled to:

\_\_\_\_\_

Also, list name(s) of the septic hauler(s):

\_\_\_\_\_

**Transfer of Ownership (40 CFR 441.50(a) (4))**

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

**SECTION A: Description of Facility**

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

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

This facility discharged amalgam process wastewater prior to July 14<sup>th</sup>, 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 device(s)) that captures all amalgam containing waste at the following number of chairs at which amalgam placement or removal may occur:

**Number of Chairs:** \_\_\_\_\_

- This 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:

**Number of 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.

<u>Make</u>	<u>Model</u>	<u>Year of installation</u>
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- My facility operates an equivalent device.

<u>Make</u>	<u>Model</u>	<u>Year of installation</u>	<u>Average removal efficiency of equivalent device, as determined per 441.30(a)(2)i-iii.</u>
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**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 40 CFR 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, whichever comes first.

A third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with 40 CFR 441.30 or 441.40.

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

\_\_\_\_\_

- NO, If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with 40 CFR 441.30 or 441.40. Describe practice:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION D: Best Management Practices (BMP) Certifications**

- The above named dental discharger is implementing the following BMPs as specified in 441.30(b) or 441.40 and will continue to do so.
  - Waste amalgam including, but not limited to, dental amalgam for chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, must not be discharged to the publicly owned treatment works that discharges to the District’s treatment plant.
  - Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a publicly owned treatment works that discharges to the District’s treatment plant 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**

The 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 40 CFR 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:

Signature	Print Name
Email address	phone number

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

**SUBMIT THIS FORM TO:**

Upper Blackstone  
50 Route 20  
Millbury, MA 01527

ATTN: Sharon Lawson

or [slawson@ubwpad.org](mailto:slawson@ubwpad.org).

Thank you