



**Dental Discharger’s One-Time Compliance Report**

In accordance with Federal and local law, 40 CFR Part 441, this form must be completed and returned by the applicable due date to the following address:

City of Tulsa  
Industrial Pretreatment  
4818 S. Elwood Ave.  
Tulsa, OK 74107.

**Due Dates:**

- a. New Dental Discharger-Any office that begins discharge to the City of Tulsa sanitary sewer after July 14, 2017 must return this form within 90 days after commencement of discharge.
- b. Existing Dental Discharger-Any office that was discharging to the City of Tulsa sanitary sewer prior to July 14, 2017 must return this form by October 12, 2020 or with 90 days after transfer of ownership.

**Section A: Dental Discharger Information**

Business Owner Name:	
Physical Address:	
Mailing Address:	
Facility Phone Number:	
Name of Owner/Operator:	
Title:	
Person to whom any further inquiries should be directed:	
Title:	
Phone:	
Email:	



**Section B: Applicability**

1. Please select your status:

Dental Discharger – this practice is subject to EPA 40 CFR 411 as it places or removes dental amalgam. **Complete Sections A, B, C and D.**

-or-

Dental Discharger-Exempt (please select reason):

Our office exclusively practices one or more of the following dental specialties: Oral Pathology, Oral and Maxillofacial Radiology, Oral and Maxillofacial Surgery, Orthodontics, Periodontics, Prosthodontics

Operate a mobile unit exclusively

Our office does not discharge any amalgam process wastewater to the City of Tulsa sanitary sewer. All dental amalgam process wastewater is collected and transferred to a Centralized Waste Treatment facility as defined in 40 CFR Part 437.  
Please name the transporter and destination:

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Our office does not place or remove amalgam except in limited emergency or unplanned, unanticipated circumstances. \*If you claim this exemption, you must check the certification box in Section D.3.

**Complete Sections A, B and D.**

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*( select if applicable) Transfer of Ownership*

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This facility is a dental discharger subject to this rule and is submitting a new on-time dental facility compliance report because of a transfer of ownership as required by 441.50(a)(4).

2. If a One-Time Compliance Report was previously submitted, check all changes that apply:

Change of ownership

Change in exempt status

Change in location

Facility name change

**Section C: Description of Operations**

1. What is the total number of chairs at this facility? \_\_\_\_\_
2. What is the total number of chairs at this facility at which dental amalgam may be present in the resulting wastewater? \_\_\_\_\_
3. Please provide information on all amalgam removal device(s) in use at this facility:

**Amalgam Separator Information**

<i>Manufacturer Name</i>	<i>Model</i>	<i>Year Installed</i>	<i>Number of Chairs Served</i>	<i>Is Separator Certified Under ISO 11143 Standard?</i>
				<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**

<i>Manufacturer Name</i>	<i>Model</i>	<i>Year Installed</i>	<i>Number of Chairs Served</i>	<i>Average Removal Efficiency as Determined by 40 CFR 441.30 (a)(2)i-iii?</i>

4. Does the facility use a third-party service provider to maintain the amalgam separator(s).?

Yes     No    If "Yes," please name the provider \_\_\_\_\_

If "No," please provide a brief description of the practices employed by your office to ensure proper disposal (recycling) of the amalgam capture cartridge, operation and maintenance in accordance with § 441.30 or § 441.40



**Section D: Certification Statements and Signature**

1.  I certify that all amalgam process wastewater is treated by one or more amalgam separator(s) or amalgam removal device(s) is designed and will be operated and maintained to meet the requirements specified in § 441.30 or § 441.40.
  2.  I certify that my office is implementing the Best Management Practices (BMPS) specified in § 441.30(b) or § 441.40(b) and will continue to do so.
- or-
3.  Exemption Certification – Our office does not place or remove amalgam except in limited emergency or unplanned, unanticipated circumstances.

“I 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.”

**Certified By:**

<b>Authorized Representative (print):</b>
<b>Title</b>
<b>Authorized Representative Signature</b>
<b>Date:</b>

\*An Authorized Representative is a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; a general manager or proprietor of a partnership or sole proprietorship; or a person designated in writing by a person described above provided that the written designation has been submitted to the City of Tulsa.

***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.

**OFFICE USE ONLY**

<b>Date Received:</b>	<b>Entered By:</b>
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