



DENTAL AMALGAM RULE - COMPLIANCE REPORT FOR DENTAL DISCHARGERS

Instructions:

Louisville/Jefferson County Metropolitan Sewer District (MSD) requires all dental facilities, including dental schools, clinics permanent/temporary offices, and military bases that discharge into MSD's sanitary sewer complete this Compliance Report for Dental Discharges. The report is required by the Effluent Limitations Guidelines and Standards for the Dental Office Category (Dental Amalgam Rule). The Dental Amalgam Rule is designed to reduce the amount of toxic metals, such as mercury, from entering the sanitary sewer. The information on this form will allow MSD to determine the applicability of the Dental Amalgam Rule for your office. The completion of this form will determine if any other actions, such as an inspection, may be required at your facility.

General Information

Name of Dental Office					
Physical Address of Dental Facility					
City:		State:		Zip:	
Mailing Address					
City:		State:		Zip:	
Primary Contact					
Phone:		Email:			
Names of Owner(s):					
Names of Operator(s) if different from Owner(s):					

Applicability: Please Select One of the Following

<input type="checkbox"/>	This facility is a dental discharger subject to this rule (40 CFR Part 441) and it places or removes dental amalgam. <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 D only</i>
(Also, select if applicable) Transfer of Ownership (§ 441.50(a)(4))	
<input type="checkbox"/>	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 § 441.50(a)(4) .

DENTAL AMALGAM RULE - COMPLIANCE REPORT FOR DENTAL DISCHARGERS

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):			
Description of any amalgam separator(s) or equivalent device(s) currently operated:			
YES <input type="checkbox"/>	NO <input type="checkbox"/>	The facility discharged amalgam process wastewater prior to July 14th, 2017 under any ownership.	

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>Chairs:</i>															
<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 § 441.30(a)(1)(i) and (ii) at the following number of chairs at which amalgam placement or removal may occur: 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>Chairs:</i>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Make</th> <th style="width: 45%;">Model</th> <th style="width: 30%;">Year of installation</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Make	Model	Year of installation												
Make	Model	Year of installation															
<input type="checkbox"/>	My facility operates an equivalent device.																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Make</th> <th style="width: 35%;">Model</th> <th style="width: 15%;">Year of installation</th> <th style="width: 25%;">Average removal efficiency of equivalent device, as determined per § 441.30(a)(2)i- iii.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			Make	Model	Year of installation	Average removal efficiency of equivalent device, as determined per § 441.30(a)(2)i- iii.											
Make	Model	Year of installation	Average removal efficiency of equivalent device, as determined per § 441.30(a)(2)i- iii.														

DENTAL AMALGAM RULE - COMPLIANCE REPORT FOR DENTAL DISCHARGERS

Section C

Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

<input type="checkbox"/>	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 .	
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 .			
<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 § 441.30 or § 441.40 .	
<i>Describe practices:</i>			

DENTAL AMALGAM RULE - COMPLIANCE REPORT FOR DENTAL DISCHARGERS

Section D

X-ray and Medication Information

Do you use fixer solutions to process x-rays (radiographs)?			
<input type="checkbox"/>	YES	If yes, do you have one or more silver recovery units? How many?	
		Who services the silver recovery units?	
		How often are the units serviced?	
<input type="checkbox"/>	NO		
How do you manage expired/unused medication?			
Please provide a name of disposal contractor, if used:			
What types of medications are disposed of into the sewer, if any?			
Are unused medications recycled?			

Section E

Best Management Practices (BMP) Certifications

<input type="checkbox"/>	<p>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.</p> <ul style="list-style-type: none">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).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).
--------------------------	--

DENTAL AMALGAM RULE - COMPLIANCE REPORT FOR DENTAL DISCHARGERS

Section F

Certification Statement

Per [§ 441.50\(a\)\(2\)](#), 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 [§ 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:	
Authorized Representative Signature		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 Compliance Report and make it available for inspection in either physical or electronic form.

For questions call (502) 540-6947 or email IWD@louisvillemsd.org

Submit completed, signed and dated application to:

Louisville MSD

ATTN: Industrial Waste Department

700 W. Liberty Street

Louisville, KY 40203

For questions call: (502) 540-6947

For more information on the Dental Amalgam Program visit:

<http://louisvillemsd.org/industrial-waste-programs/dap>