



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

# ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS

To Comply with 40 CFR, Section 441.50

Effluent Limitations Guidelines and Standards for the Dental Office Category

**Instructions:** The following form 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. For existing dental dischargers (in operation before July 14, 2017), this report is due no later than October 12, 2020, or 90 days after transfer of ownership. For new dental dischargers (in operation on or after July 14, 2017), this report is due no later than 90 days following introduction of wastewater into a POTW. For more information and detailed instructions regarding submittal of this form go to the [EGLE – EPA Dental Rule Compliance web page](#).

**This form must be completed and mailed to your Control Authority. To determine your Control Authority, follow these steps:**

Step 1: Open the spreadsheet [Contributing Municipalities and Control Authorities with approved IPP's](#). Determine if the municipality your facility is located in is listed in Column A of the spreadsheet. If your municipality is listed in Column A, complete the form and mail it to the associated Control Authority listed in Column B.

Step 2: If the municipality your facility is located in is not listed in the spreadsheet, then the Michigan Department of Environment, Great Lakes, and Energy (EGLE) is your Control Authority; however, your local municipality will be receiving the reports in the interim. Complete this form and mail to the address of your local municipality as indicated in the notice to you.

## General Information

|  |  |        |  |      |  |
|--|--|--------|--|------|--|
| Name of Dental Facility                          |  |        |  |      |  |
|  |  |        |  |      |  |
| Physical Address                                 |  |        |  |      |  |
|  |  |        |  |      |  |
| City:  |  | State: |  | Zip: |  |
| Mailing Address                                  |  |        |  |      |  |
|  |  |        |  |      |  |
| City:  |  | State: |  | Zip: |  |
| Facility 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 places or removes dental amalgam.<br><i>Complete sections A, B, C, D, and E</i>   |
| <input type="checkbox"/>   | This facility is a dental discharger subject to this rule and does not: (1) place dental amalgam; and (2) remove amalgam except in limited emergency or unplanned, unanticipated circumstances.<br><i>Complete section E only</i>  |
| <b>(Select if Applicable) Transfer of Ownership (40 CFR, Section 441.50(a)(4))</b> |  |
| <input type="checkbox"/>   | This facility is a dental discharger subject to this rule (40 CFR, Part 441) and 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 40 CFR, Section 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): |                                |   |
| Description of any amalgam separator(s) or equivalent device(s) currently operated:   |                                |   |
|   |                                |   |
| YES<br><input type="checkbox"/>   | NO<br><input type="checkbox"/> | The facility discharged amalgam process wastewater prior to July 14, 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:  | Chairs:                     |
| <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 40 CFR, Section 441.30(a)(1)(i) and (ii) at the following number of chairs at which amalgam placement or removal may occur:<br><br>I understand that such separators must be replaced with one or more amalgam separators (or equivalent devices) that meet the requirements of 40 CFR, Section 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. | Chairs:                     |
|                          | <b>Make</b>  | <b>Model</b>                |
|                          |  | <b>Year of Installation</b> |
|                          |  |                             |
|                          |  |                             |
|                          |  |                             |

| <input type="checkbox"/> My facility operates an equivalent device. |       |                      |   |
|---|-------|----------------------|---|
| Make  | Model | Year of Installation | Average Removal Efficiency of Equivalent Device, as Determined by 40 CFR, Section 441.30(a)(2)(i)-(iii) |
|   |       |                      |   |
|   |       |                      |   |
|   |       |                      |   |
|   |       |                      |   |

**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 40 CFR, Section 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 40 CFR, Section 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 40 CFR, Section 441.30 or 441.40.  |  |
| <i>Describe Practices:</i>  |     |   |  |

**Section D**

**Best Management Practices (BMP) Certifications**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <p>The above named dental discharger is implementing the following BMPs as specified in 40 CFR, Section 441.30(b) or 441.40 and will continue to do so.</p> <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> |
|--------------------------|--|

**Section E**

**Certification Statement**

|  |  |             |  |
|--|--|-------------|--|
| <p>Per 40 CFR, Section 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 40 CFR, Section 403.12(l).</p>  |  |             |  |
| <p>“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 40 CFR, Section 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.”</p> |  |             |  |
| Authorized Representative Name ( <i>print name</i> ):  |  |             |  |
| Phone:   |  | Email:      |  |
|  |  |             |  |
| <i>Authorized Representative Signature</i>   |  | <i>Date</i> |  |

**Retention Period; per 40 CFR, Section 441.50(a)(5)**

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|--|
| <p>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.</p> |
|--|

EGLE does not discriminate on the basis of race, sex, religion, age, national origin, color, marital status, disability, political beliefs, height, weight, genetic information, or sexual orientation in the administration of any of its programs or activities, and prohibits intimidation and retaliation, as required by applicable laws and regulations.