



2020 North Meridian St. | Indianapolis | IN 46202
 CitizensEnergyGroup.com

ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS
Effluent Limitations Guidelines and Standards for the Dental Office Category

Instructions: This form contains the requirements needed for the one-time compliance report as required by the US Environmental Protection Agency (“EPA”) Effluent Limitations Guidelines and Standards for the Dental Office Category (“Dental Amalgam Rule”). Please mail original completed form to:

Citizens Energy Group
Attn: Environmental Stewardship/Pretreatment
2020 N. Meridian Street
Indianapolis, IN 46202

General Information

| | | | | |
|--|--|--------|--|------|
| Name of Facility | | | | |
| | | | | |
| Physical Address of Dental Facility | | | | |
| | | | | |
| 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: Mark the applicable type of dental discharge below

| | |
|--------------------------|--|
| <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 E only</i> |
| <input type="checkbox"/> | This facility is a dental discharger that exclusively practice one or more of the following specialties: Oral Pathology Oral and maxillofacial radiology Oral and Maxillofacial surgery Orthodontics Periodontics Prosthodontics <i>Complete section E only</i> |
| <input type="checkbox"/> | This dental discharger is a mobile until. A mobile until is defined as a specialized mobile service-contained van, trailer or equipment used in providing dentistry services at multiple location. <i>Complete section E only</i> |
| <input type="checkbox"/> | This facility is a dental discharger that does not meet one of the three above exemptions. <i>Complete Sections A, B, C, D and E</i> |

Section A

Description of Facility

| | | |
|---|--------------------------------|---|
| Total number of chairs at the facility: | | |
| Total number of chairs at which amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed): | | |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | The facility discharged amalgam process wastewater prior to July 14th, 2017 under any ownership. <i>Dental facilities discharging prior to July 14th, 2017 must submit the One Time Compliance Report by October 12, 2020.</i> |

Transfer of Ownership

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|--------------------------|---|
| <input type="checkbox"/> | This facility is a dental discharger and is submitting a new One Time Compliance Report because of a transfer of ownership. |
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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) <u>compliant</u> 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> | | |
| | Make | Model | | |
| | | Year of installation | | |
| | | | | |
| | | | | |
| <input type="checkbox"/> | The dental facility installed, prior to June 14, 2017, one or more existing amalgam separators that is <u>not compliant</u> with either the American National Standards Institute (ANSI) American National Standard/American Dental Association (ADA) Specification 108 for Amalgam Separators (2009) with Technical Addendum (2011) or the International Organization for Standardization (ISO) 11143 Standard (2008) or subsequent versions that version requires amalgam separators to achieve <u>at least a 95% removal efficiency</u> at the following number of chairs: | <i>Chairs:</i> | | |
| <input type="checkbox"/> | My facility operates an equivalent device on the following number of chairs at which amalgam placement or removal may occur: | <i>Chairs:</i> | | |
| | I understand that such separators that are <u>not compliant</u> with must be replaced with one or more amalgam separators (or equivalent devices) that meet the requirements or after their useful life has ended, and no later than June 14, 2027, whichever is sooner. | | | |
| | Make | Model | Year of installation | Average removal efficiency of equivalent device, |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 according to manufacturers requirements. | |
| Is a third-party service provider under contract with this facility to ensure proper operation and maintenance? | | | |
| <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. | |
| <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 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). |
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Section E
Certification Statement

| | | | |
|---|--|--------|--|
| <p>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.</p> | | | |
| <p><i>"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."</i></p> | | | |
| Authorized Representative Name (print name): | | | |
| Phone: | | Email: | |
| Authorized Representative Signature: | | Date | |

Retention Period

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.

Additional information concerning mercury recycling can be found on the Indiana Department of Environmental Management's website located at: <https://www.in.gov/idem/recycle/2404.htm>

For more information, please contact the Indianapolis Pretreatment Program by e-mail at the following e-mail address: pretreatment@citizensenergygroup.com