

### WATER POLLUTION CONTROL PLANT

muscatineiowa.gov

(563) 263-2752

Dear Valued Customer,

As part of our mission to return clean water to our environment, the Muscatine Water Pollution Control Plant (WPCP) Pretreatment Department is responsible for monitoring and controlling non-domestic wastewater discharges into our sanitary sewer system. As you may be aware, on June 14, 2017 the Environmental Protection Agency (EPA) established Effluent Limitations Guidelines and Standards for the Dental Category (40 CFR Part 441) that became effective on July 14, 2017. The rule applies to wastewater discharges to the WPCP from offices where the practice of dentistry is performed. The EPA rule requires dental facilities to submit to the WPCP a One-Time Compliance Report.

In an effort to make this process as easy as possible for dental practices and to assist in your compliance with this federal requirement, we developed and enclosed a One-Time Compliance Report. The report has a total of seven sections which are outlined below:

- **Section 1:** General Information Must be completed by all facilities.
- **Section 2:** Applicability Must be completed by all facilities.
- Section A: Description of Facility To be completed by facilities required to have amalgam separators.
- Section B: Description of Amalgam Separator or Equivalent Device To be completed by facilities required to have amalgam separators.
- Section C: Design, Operation and Maintenance of Amalgam Separator / Equivalent Device - To be completed by facilities required to have amalgam separators.
- **Section D:** Best Management Practices (BMP) Certifications To be completed by facilities required to have amalgam separators.
- Section E: Certification Statement Must be completed by all facilities.

Thank you in advance for your assistance in helping the WPCP return clean water to our environment. If you have any questions regarding this report, please contact us at (563)263-2752 or you can email your questions to pretreatment@muscatineiowa.gov.



# ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS to Comply with 40 CFR 441.50

## **Effluent Limitations Guidelines and Standards for the Dental Office Category**

## Section 1: General Information

Nan	ne of Facility								
Phy	sical Address of Dental Facility								
City	:				State:		Zip:		
Mai	ling Address								
City	:				State:		Zip:		
Faci	lity Contact								
Pho	ne:		Email:						
Nan	nes of Owner(s):								
	nes of Operator(s) if different from								
Owi	ner(s):								
Section	on 2: Applicability: Please Select One of th	ne Follo	owing						
	This facility is a dental discharger subject	to this	rule ( <u>40</u>	CFR	Part 441)	and it plac	es or re	emoves d	ental
	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 lin					•		_	
	Complete section E only								
(Als	o, select if applicable) Transfer of Owners	ship (§	441.50(a	)(4) <b>)</b>				,	
	This facility is a dental discharger subject	to this	rule ( <u>40</u>	CFR	Part 441),	and it has	previo	usly	
	submitted a one-time compliance report.						-	-	
	Report because of a transfer of ownershi	ip as re	auired by	v § 4	41.50(a)(4	<b>!</b> ).			

## **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:									
Description of any amargam separator(s) or equivalent device(s) currently operated:									
YES	, , , , , , , , , , , , , , , , , , , ,					, 2017 under a	iny		
		ownership							
Sectio	n B: Des	cription of	Amalgam Se	eparator or Eq	uivalent Device				
	The der	stal facility k	nas installed	l one or more l	SO 11143 (or ANS	I/ADA 108.	2009)	compliant	Chairs:
		•			hat captures all a		-	•	Citalis.
	•	•	•	•	gam placement o	_		•	
		•	•		2017 one or more	_	_	•	Chairs:
					30(a)(1)(i) and (ii)	at the follo	wing I	number of	
1	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 $\S$ 441.30(a)(1) or $\S$ 441.30(a)(2), after their useful								
	life has ended, and no later than June 14, 2027, whichever is sooner.								r useful
	life has						L.30(a)	(2), after thei	r useful
	life has <b>Mak</b>	ended, and					L.30(a)	(2), after thei  Year of inst	
		ended, and			27, whichever is so		L.30(a)		
		ended, and			27, whichever is so		1.30(a)		
		ended, and			27, whichever is so		1.30(a)		
		ended, and			27, whichever is so		1.30(a		
	Mak	ended, and	no later tha	an June 14, 202	27, whichever is so		1.30(a		
	Mak	ended, and		an June 14, 202	27, whichever is so		1.30(a)	Year of inst	allation
	Mak	ended, and	no later tha	an June 14, 202	27, whichever is so		1.30(a	Year of inst	allation
	Mak	ended, and	no later tha	an June 14, 202	27, whichever is so		1.30(a)	Year of inst	allation
	Mak	ended, and	no later tha	an June 14, 202	27, whichever is so			Year of inst  Average remefficiency of	allation
	Mak	e  lity operate	no later tha	an June 14, 202	27, whichever is so	ooner.	of	Average remefficiency of equivalent d	allation  noval levice, ed per §
	Mak My facil	e  lity operate	no later tha	lent device.	27, whichever is so	Year	of	Average remefficiency of equivalent das determine	allation  noval levice, ed per §
	Mak My facil	e  lity operate	no later tha	lent device.	27, whichever is so	Year	of	Average remefficiency of equivalent das determine	allation  noval levice, ed per §

## 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 $\S$ 441.30 or $\S$ 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.					
	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 $\S$ 441.30 or $\S$ 441.40.				
Des	scribe practices:					

## 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 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).

#### **Section E: Certification Statement**

Per § 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 § 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):

Email:

Date

#### **Retention Period**

Authorized Representative Signature

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.