



ORANGE COUNTY SANITATION DISTRICT (OCSD) LIMITED DENTAL DISCHARGER COMPLIANCE REPORT

Dental facilities that do not place dental amalgam, and do not remove dental amalgam except in limited emergency or unplanned, unanticipated circumstances are exempt from any further requirements of the *Dental Office Point Source Category* if they certify such in their Compliance Report to their Control Authority. A dental facility that stocks amalgam capsules clearly intends to place amalgam, and therefore does not qualify for the limited circumstance exemption. A dental office that initially certifies as a Limited Dental Discharger and subsequently begins to stock amalgam capsules, or increases the amalgam removal frequency to more than five percent of its procedures, must install an amalgam separator or equivalent treatment in accordance with the Dental Category Rule, and submit OCSD's comprehensive *Dental Discharger Compliance Report* form.

This PDF form is a fillable electronic document which can save information using any version of Adobe Acrobat, including Acrobat Reader. First, save the document to your computer. Next, open the form and enter your information. Save entered information by using the "File, Save" feature in Acrobat.

DENTAL FACILITY INFORMATION

Date facility began operating:	Existing Source: Ref. 1 <input style="width: 50px;" type="text"/> New Source: Ref. 1 <input style="width: 50px;" type="text"/>
Dental facility name:	<input style="width: 100%;" type="text"/>
Facility address:	<input style="width: 100%;" type="text"/>
Facility city:	Zip code: <input style="width: 100px;" type="text"/>
Mailing address:	<input style="width: 100%;" type="text"/>
Mailing city, state:	Zip code: <input style="width: 100px;" type="text"/>
On-site contact name:	<input style="width: 100%;" type="text"/>
Contact phone:	<input style="width: 100%;" type="text"/>
Contact e-mail:	<input style="width: 100%;" type="text"/>

EXEMPTIONS

Facilities under c/d/e are exempt, no report required. If "f" applies, complete this form. If no exemptions apply to your facility, and amalgam is placed, you must complete OCSD's **Dental Discharger Compliance Report form**.

441.10 (c)
The facility indicated in dental facility information above exclusively practices one or more of the following dental specialties: Oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.
441.10 (d)
The facility indicated in dental facility information above is a mobile unit operated by a dentist or licensed health care facility.
441.10 (e)
The facility indicated in dental facility information above does not discharge any amalgam process wastewater to the Orange County Sanitation District's sewer system, but collects all dental amalgam process wastewater for transfer off-site to a Centralized Treatment Facility as defined in 40 CFR part 437.
441.10 (f)
The facility indicated above is a Dental Discharger that does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances . By limited circumstances, EPA means dental offices that remove amalgam at a frequency less than five percent of its procedures (this percent approximates to 9 removals per office per year).

OWNERSHIP INFORMATION

(owner/partner)	(title)
(owner/partner)	(title)
(owner/partner)	(title)
(owner/partner)	(title)
(owner/partner)	(title)
(owner/partner)	(title)
(owner/partner)	(title)
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(owner/partner)	(title)
(owner/partner)	(title)
(owner/partner)	(title)
(owner/partner)	(title)
(owner/partner)	(title)
(owner/partner)	(title)

CERTIFICATION STATEMENT

I, _____, _____, of
 Print Name Print Title

am a responsible corporate officer ^{Ref. 2}, a general partner or proprietor (if the partnership or sole proprietorship), or
 am a duly authorized representative ^{Ref. 3} in accordance with the requirements of 40 CFR 403.12(l),
 certify under penalty of law that the above named dental facility does not place dental amalgam and does not remove dental
 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.

 Authorized Representative Signature ^{Ref. 4}
(Requires Live Signature)

 Date

STEP 1:
 After completing the form, you must save it before e-mailing it to OCSD
 or all data input will be lost. Email OCSD the saved form to confirm the
 form has been completed sufficiently. At the bottom of the following
 web page
<https://www.ocsd.com/businesses/dental-office-point-source>
 email the saved form to the email address for your city:

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**OCSD WILL
 WORK WITH
 YOU TO
 CONFIRM THE
 ONE-TIME
 COMPLIANCE
 FORM IS
 COMPLETE**

STEP 2:
 Once confirmed complete by OCSD, print two copies,
 sign and date both originals⁵, keep a copy for your
 records, and mail one to:
**Orange County Sanitation District
 Dental Amalgam Program
 10844 Ellis Avenue, Fountain Valley, CA 92708**

REFERENCES

1. **Existing Source or New Source Determination** - Dental facilities operating prior to July 14, 2017 are considered an Existing Source (PSES) and must submit the compliance report by October 12, 2020. New Dental Dischargers who open for business on or after July 14, 2017 are considered a New Source (PSNS) and must submit the compliance report to OCSD within 90 days of discharging to the sanitary sewer system (New Source does not include an ownership change). An Existing Source that changes ownership is required to submit a new compliance report within 90 days. (BACK)
2. **Responsible Corporate Officer (Authorized Representative)**
 - a) If the applicant or User is a corporation:
 - (1) The president, secretary, treasurer, or a 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; or
 - (2) The manager of one or more manufacturing, production, or operation facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for individual Wastewater discharge permit requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
 - b) If the applicant or User is a partnership or sole proprietorship: a general partner or proprietor, respectively.
 - c) If the applicant or User is a federal, state, or local governmental facility: a director or highest official appointed or designated to oversee the operation and performance of the activities of the government facility, or the designee. (BACK)
3. **Duly Authorized Representative (Designated Signatory)**
 - d) The individuals described in paragraphs (a) through (c) above, as Responsible Officers, may designate an Authorized Representative if the authorization is in writing, the authorization specifies the individual or position responsible for the overall operation of the facility from which the discharge originates or having overall responsibility for environmental matters for the company or organization, and the written authorization is submitted to OCSD.
 - e) An applicant or User not falling within one of the above categories must designate as the Responsible Officer an individual responsible for the overall operation of the facility. The Responsible Officer may designate an Authorized Representative. (BACK)
4. **Signature Requirement** - Per 40 CFR 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 40 CFR 403.12(l). (BACK)
5. **Retention Period:** Per 40 CFR 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. (BACK)