



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

Dental facilities operating prior to July 14, 2017 are considered an *Existing Source* (PSES) and have until July 14, 2020 to comply with the *Dental Office Point Source Category Pretreatment Standards* and category requirements. The compliance report must be submitted 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 immediately comply with the category requirements and 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.

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: <input type="checkbox"/>	New Source: <input type="checkbox"/>
(Select one - see explanation above)			
Dental facility name:			
Facility address:			
Facility city:		Zip code:	
Mailing address:			
Mailing city, state:		Zip code:	
On-site contact name:			
Contact phone:			
Contact e-mail:			

## OWNERSHIP INFORMATION

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

## DESCRIPTION OF OPERATIONS AND AMALGAM SEPARATORS

Total number of chairs:		Number of practicing dentists at this facility:	
Total number of chairs at which dental amalgam placement or removal occurs:			
Amalgam Separator(s) or Equivalent Device(s)			
Make	Model	Date of Installation	Complies with Requisite Standard <sup>Ref. 1</sup>
			<input type="checkbox"/> ANSI/ADA <input type="checkbox"/> ISO <input type="checkbox"/> 95% Removal Eff.
			<input type="checkbox"/> ANSI/ADA <input type="checkbox"/> ISO <input type="checkbox"/> 95% Removal Eff.
			<input type="checkbox"/> ANSI/ADA <input type="checkbox"/> ISO <input type="checkbox"/> 95% Removal Eff.
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			<input type="checkbox"/> ANSI/ADA <input type="checkbox"/> ISO <input type="checkbox"/> 95% Removal Eff.
			<input type="checkbox"/> ANSI/ADA <input type="checkbox"/> ISO <input type="checkbox"/> 95% Removal Eff.
<b>If applicable</b> , name of the third-party service provider maintaining the amalgam separator(s):			
			(company name)
Service provider's local address:			
			(address, city, state, zip)
Service provider's phone:			
<p><b>If not using a service provider</b>, in the space below, supply a brief description of the practices employed by the facility to ensure proper operation and maintenance of their amalgam separators in accordance with 40 CFR 441.30 or 441.40 (e.g., employee training, written environmental policy, operation and maintenance instructions, programmed maintenance reminders, maintenance checklist, amalgam recycling log, etc.):</p>			

## REQUIRED DOCUMENTATION

As long as the above named Dental Discharger is subject to this regulation, or until ownership is transferred, the Dental Discharger or an agent or representative must maintain records and documentation per 40 CFR 441.50(b)<sup>Ref. 2</sup>.

## CERTIFICATION FOR DENTAL DISCHARGERS THAT PLACE OR REMOVE AMALGAM

I, \_\_\_\_\_, \_\_\_\_\_, of  
Print Name Print Title

am a responsible corporate officer<sup>Ref. 3</sup>, a general partner or proprietor (if the facility is a partnership or sole proprietorship), or  
am a duly authorized representative<sup>Ref. 4</sup> in accordance with the requirements of 40 CFR 403.12(I)

I certify under penalty of law that the above named dental facility is in compliance with the Dental Office Point Source Category requirements to install, operate, and maintain one or more amalgam separators, or equivalent amalgam removal devices, and that the separator(s) or device(s) are designed and will be operated and maintained to meet the requirements specified in 40 CFR 441.30 (PSES) or 441.40 (PSNS).

Furthermore, I certify that

has taken the necessary steps, including employee training, to ensure that the Best Management Practices as specified in 40 CFR 441.30(b) or 441.40<sup>Ref. 5</sup>, and Record Keeping and Documentation as specified in 40 CFR 441.50(b) or 441.40<sup>Ref. 2</sup>, are implemented and continued.

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 [40 CFR 403.6 (a)(2)(ii) (2016)].

\_\_\_\_\_  
Authorized Representative Signature<sup>Ref. 6</sup>

(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 originals, keep a copy for your records, and mail the other to:

Orange County Sanitation District  
Dental Amalgam Program  
10844 Ellis Avenue  
Fountain Valley, CA 92708

## 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.

## REFERENCES

1. **Amalgam Separator(s) or Equivalent Device(s)** - A dental facility coming into compliance with 40 CFR 441 must install one or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators, or equivalent devices with average removal efficiency of 95 percent of the mass of solids as determined per 40 CFR 441.30(a)(2)-iii, sized to accommodate the maximum discharge rate of amalgam process wastewater. Dental facilities with separators or equivalent devices installed prior to June 14, 2017 that do not meet the requirements of 40 CFR 441.30(a)(1)(i) and (ii) must replace their amalgam separators (or equivalent devices) with units that meet the requirements of 40 CFR 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. (BACK)

2. **Required Documentation** - Per 40 CFR 441.50(b), Dental Dischargers or an agent or representative of the dental discharger must maintain and make available for inspection in either physical or electronic form, for a minimum of three years:

- (1) Documentation of the date of each inspection of the amalgam separator(s) or equivalent device(s), name of person(s) conducting the inspection, and results of each inspection (including a summary of follow-up actions if needed).
- (2) Documentation of amalgam retaining container or equivalent container replacement (including the date, as applicable).
- (3) Documentation of all dates that collected dental amalgam is picked up or shipped for proper disposal in accordance with 40 CFR 261.5(g)(3), and the name of the permitted or licensed treatment, storage or disposal facility receiving the amalgam retaining containers.
- (4) Documentation of any repair or replacement of an amalgam separator or equivalent device, including the date, persons(s) making the repair or replacement, and a description of the repair or replacement (including make and model).
- (5) Dischargers or an agent or representative of the dental discharger must maintain and make available for inspection in either physical or electronic form the manufacturer's operating manual(s) for the current device(s). (BACK)

### 3. 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)

### 4. 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)

### 5. Required Best Management Practices (BMPs)

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). (BACK)

### 6. 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)