



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 WATER POLLUTION CONTROL BRANCH
**ONE-TIME COMPLIANCE REPORT FOR DENTAL
 DISCHARGERS TO COMPLY WITH 40 CFR 441.50,
 EFFLUENT LIMITATIONS GUIDELINES AND STANDARDS
 FOR THE DENTAL OFFICE CATEGORY**

FOR OFFICE USE ONLY
PROJECT ID NUMBER
DATE RECEIVED

BASIC FORM INFORMATION

This form contains the minimum information dental facilities must submit in a one-time compliance report (OTCR) as required by the Effluent Limitations Guidelines and Standards for the Dental Office Category ("Dental Amalgam Rule"). Some dental facilities are not required to submit an OTCR. See [the applicability section \(§ 441.10\)](#) to determine if your facility is required to submit an OTCR.

See Instructions at the end of this form.

SECTION A

1.0. GENERAL INFORMATION

1.1. NAME OF DENTAL FACILITY

1.2. PHYSICAL ADDRESS OF DENTAL FACILITY

CITY	STATE	ZIP CODE:
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1.3. NAME OF WASTEWATER UTILITY

BILLING ADDRESS

1.4. MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL ADDRESS)

CITY	STATE	ZIP CODE:
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1.5. DENTAL FACILITY CONTACT

TELEPHONE NUMBER WITH AREACODE	EMAIL
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1.6. NAMES OF OWNER(S)

NAMES OF DENTAL FACILITY OPERATOR(S) IF DIFFERENT FROM OWNER(S)

NAME OF DENTAL FACILITY		
2.0 APPLICABILITY: PLEASE SELECT ONE OF THE FOLLOWING		
<input type="checkbox"/>	2.1. This facility is a dental discharger subject to this rule (40 CFR Part 441) and it places or removes dental amalgam. <i>Complete sections B, C, D, E and F.</i>	
<input type="checkbox"/>	2.2. 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 (See 40 CFR Part 441 , limited emergency circumstances is from once a quarter to 96 times a year). <i>Complete section A and F only.</i>	
(Also, select if applicable) Transfer of Ownership (§ 441.50(a)(4))		
<input type="checkbox"/>	2.3. This facility is a dental discharger subject to this rule (40 CFR Part 441), and it 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 § 441.50(a)(4) .	
SECTION B.		
1.0. DESCRIPTION OF DENTAL FACILITY		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	1.1. The facility discharged amalgam process wastewater prior to July 14, 2017, under any ownership. This information is used to distinguish dental dischargers that are considered existing sources under the rule. Existing sources commence discharge to a publicly owned treatment works prior to July 14 2017. <i>New sources</i> means a dental discharger whose first discharge to a POTW occurs after July 14, 2017. New Sources must comply with rule no later than 90 days from the introduction of wastewater to the POTW.
1.2. Total number of chairs:		
1.3. Total number of chairs at which amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed):		
1.4. Description of any amalgam separator(s) or equivalent device(s) currently operated:		

NAME OF DENTAL FACILITY

SECTION C
1.0. DESCRIPTION OF AMALGAM SEPARATOR OR EQUIVALENT DEVICE

<input type="checkbox"/>	1.1. 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"/>	1.2. The dental facility installed prior to June 14, 2017 one or more existing amalgam separators that do not meet the requirements of § 441.30(a)(1)(i) and (ii) at the following number of 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 § 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:

MAKE	MODEL	YEAR OF INSTALLATION

1.3. My facility operates an equivalent device.

MAKE	MODEL	YEAR OF INSTALLATION	AVERAGE REMOVAL EFFICIENCY OF EQUIVALENT DEVICE, AS DETERMINED PER § 441.30(A)(2)- III.

SECTION D
1.0. DESIGN, OPERATION AND MAINTENANCE OF AMALGAM SEPARATOR/EQUIVALENT DEVICE

YES **1.1.** I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in [§ 441.30](#) or [§ 441.40](#).

A third-party service provider is under contract with this facility to ensure proper operation and maintenance of the separator or equivalent devices in accordance with [§ 441.30](#) or [§ 441.40](#).

YES **1.2.** Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):

NO **1.3.** If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with [§ 441.30](#) or [§ 441.40](#).

Describe practices:

NAME OF DENTAL FACILITY

SECTION E
1.0. BEST MANAGEMENT PRACTICES (BMP) CERTIFICATIONS

1.1. 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 F
1.0. CERTIFICATION STATEMENT

1.1. 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."

1.2. AUTHORIZED REPRESENTATIVE NAME (PRINT NAME):

TELEPHONE NUMBER WITH AREACODE	EMAIL
AUTHORIZED REPRESENTATIVE SIGNATURE	DATE

RETENTION PERIOD; PER [§ 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.

Instructions for completing Form 780-2834, One-time Compliance Report for Dental Dischargers to Comply with 40 CFR 441.50 Effluent Limitations Guidelines and Standards for the Dental Office Category

Note to dental facilities: Prior to filling out this form, please contact your Control Authority to determine what form to use. The “[Control Authority](#)” is a term used to define a publicly-owned wastewater treatment works (defined in [40 CFR 403.3\(q\)](#)) with a state-approved pretreatment program. Your Control Authority may be your wastewater utility if it has a state-approved pretreatment program, or the Missouri Department of Natural Resources, if it does not. For assistance in determining your Control Authority, please contact the Missouri Department of Natural Resources’ Water Protection Program Industrial Pretreatment Coordinator.

The hypertext links and brief descriptions in the form should assist you with completing this form; however, if you need further assistance, please contact the Missouri Department of Natural Resources’ Industrial Pretreatment Coordinator.

SECTION A

1.0. GENERAL INFORMATION

- 1.1 Self-explanatory.
- 1.2 Self-explanatory.
- 1.3 Include the name of the wastewater utility to which your facility discharges wastewater. This might not be the city in which you facility resides. The billing address of the wastewater utility may indicate the wastewater utility to which your facility discharges wastewater. If your billing information does not provide that information, contact your city’s public works department.
- 1.4 Mailing address, if it is different from physical address of the facility.
- 1.5 Contact person responsible for the dental operation at the facility.
- 1.6 The owners may be proprietors or partners that may or may not operate the facility. Operators are those responsible for the day-to-day operations of the facility.

2.0 APPLICABILITY

- 2.1., 2.2. Select either one of these categories based on the description provided. For 2.1, *complete sections A, B, C, D, and E. For 2.2, complete section A and F only.*
- 2.3. Transfer of ownership should check this box.

SECTION B

1.0 DESCRIPTION OF FACILITY

- 1.1 That is trying to ascertain whether the discharge is an existing discharge prior to the effective date of the rule on July 14, 2017 or a new discharge under the rule. Definition: *New Sources* means a dental discharger whose first discharge to a POTW occurs after July 14, 2017.
- 1.2 The 40 CFR 441 regulations require description of the Total number of dental chairs in the facility.
- 1.3 The 40 CFR 441 regulations require description of the Total number of dental chairs in the facility at which dental amalgam may be present in wastewater.
- 1.4 The 40 CFR 441 regulations require description of any existing amalgam separator(s) or equivalent devices currently in operation. The final rule includes a provision at 441.3(a)(2) that allows the performance standard of the final rule can be met with the use of an amalgam-removing technology other than an amalgam separator (equivalent device). EPA included this provision to allow use of equivalent devices that achieve comparable removals of pollutants from dental discharges as amalgam separators but that may not fall under the amalgam separator classification. The equivalent device is required to meet the same requirements and removal efficiencies, as specified in § 441.30(a)(1-2) or § 441.40.

INSTRUCTIONS FOR COMPLETING THE ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS TO COMPLY WITH 40 CFR 441.50 EFFLUENT LIMITATIONS GUIDELINES AND STANDARDS FOR THE DENTAL OFFICE CATEGORY (CONTINUED)

SECTION C

1.0 DESCRIPTION OF AMALGAM SEPARATOR OR EQUIVALENT DEVICE

- 1.1. This is asking for the number of chairs that have amalgam separators that meet the rule standards i.e., one or more ISO 11143 (or ANSI/ADA 108-2009).
- 1.2. This is asking for the number of chairs that have amalgam separators prior to the effective date of the rule that do not meet the standards.
Provide the Make, Model and Years of installation for those that meet the standards and below provide the Make Model and Years of installation for those do not.
- 1.3. Provide the Make, Model and Years of installation for those equivalent devices and its removal efficiency.

SECTION D

1.0. DESIGN, OPERATION AND MAINTENANCE OF AMALGAM SEPARATOR/EQUIVALENT DEVICE

- 1.1. Self-explanatory. This will correspond with the signature.
- 1.2. Check "Yes" if the facility has a third-party service provider (under contract), or otherwise the company from which you purchased the separator, to ensure proper operation and maintenance in accordance with [§ 441.30](#) or [§ 441.40](#).
- 1.3. Check "No" if no service provider then provide the practices that are used at the facility to ensure proper maintenance in accordance with [§ 441.30](#) or [§ 441.40](#).

SECTION E

1.0 BEST MANAGEMENT PRACTICES (BMP) CERTIFICATIONS

The dental discharger must certify that the facility is implementing the required BMPs by regulation.

SECTION F

1.0 CERTIFICATION STATEMENT

The one-time compliance report must be signed and certified by a responsible corporate officer, or a duly authorized representative in accordance with 40 CFR 403.12(I).
Please provide an email contact.

MAIL THE SIGNED ONE-TIME COMPLIANCE REPORT TO:

Missouri Industrial Pretreatment Coordinator,
Pretreatment Program
Water Protection Program
Missouri Department of Natural Resources
P.O. Box 176
Jefferson City, Missouri 65102-0176