



One Time Compliance Report for Dental Dischargers

In accordance with federal and local law (Title 40 CFR Parts 441 and 403, and Chapter 47, Article V of the City of Houston Code of Ordinances), this report must be completed and submitted to the City of Houston.

Complete ALL applicable sections. If any line item is not applicable, please put **NA**.

Dental Facility General Information (required)

Dental Facility Name: _____

Date business was established at this location: _____ Last ownership transfer date: _____

Date most recent major-remodel was performed at this facility: _____

Dental Business Ownership Type (Choose One):

Sole Proprietorship Partnership Corporation Governmental Agency Institutional Organization Other

Physical Address: _____

Mailing Address: _____

(if different from physical address)

Facility Contact Person:

Name: _____ Title: _____

Phone: _____ Email: _____

Owner(s): Name: _____ Title: _____

Operator(s)*: Name: _____ Title: _____

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List the names of all dentists that practice at this location (additional space is available on page 4 if needed):

Water Sources and Account Numbers	List Account Numbers for Each Water Meter (required)
Do you use City water? Yes No	
Do you use well water? Yes No	

Submittal Instructions

Mail the original completed form with a "wet" signature to:

City of Houston Industrial Wastewater Service
Dental Amalgam Program
10500 Bellaire Blvd
Houston, TX 77072

Scan and email the form to dentalprogram@houstontx.gov.

FOR CITY OF HOUSTON USE ONLY

Received Date: ___ / ___ / 20__

Industry ID: _____

Reviewed Date: ___ / ___ / 20__

Classification: NS ES NC EX

Follow up required? Yes No

Authorized Representative for Dental Business (required)

Identify an individual for the Dental Business below. For a facility that is a dental discharger, this must be a responsible person meeting the requirements of 40 CFR 403.12 (l)(1). For a dental office, this must be a general dentist, respectively. For a mobile dental unit, this must be the designated operator designated to oversee the business operations.

Printed Name		Signature of Authorized Representative	
Title	Phone No.	Email Address	

Duly Authorized Representative for Dental Business (not valid without signature of Authorized Representative above)

A "Duly Authorized Representative" may be an individual if the specified person holds a position with responsibility for the overall operations of the business or overall responsibility for environmental matters for the business in accordance with 40 CFR 403.12 (l)(3).

Printed Name		Signature of Duly Authorized Representative	
Title	Phone No.	Email Address	

Applicability: Please select one of the following options (required):

- This facility is a dental discharger subject to this rule (40 CFR Part 441), and it places or removes dental amalgam. **Complete sections A, B, C, D, and E.**
- This facility exclusively practices one or more of the following dental specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics. **Complete sections A and E only.**
- This facility conducts all services from one or more mobile units (defined as a specialized mobile self-contained van, trailer or other equipment used in providing dentistry services at multiple locations). **Complete sections A and E only.**
- 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. By limited circumstances, EPA means dental offices that remove amalgam at a frequency that is less than 5% of its procedures. **Complete sections A and E only.**

Transfer of Ownership: Select only if Applicable

<input type="checkbox"/>	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).
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Section A: Facility Description (required)

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 the dental operation and services provided (required):

Section B: Description of Amalgam Separator or Equivalent Device

—	My 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 from the chairs identified in Section A where amalgam is placed or removed.
—	My facility has one or more existing amalgam separators installed prior to July 14, 2017 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 occurs _____. I understand that such separators must be replaced with one or more ISO 11143 or ANSI / ADA 108-2009 compliant amalgam separators (or equivalent devices), after its lifetime has ended, and no later than June 14, 2027, whichever is sooner.

Amalgam Separator Information

Manufacturer Name	Model	Date Installed	Number of Chairs Served	Complies With
				_ ANSI/ADA _ ISO
				_ ANSI/ADA _ ISO
				_ ANSI/ADA _ ISO
				_ ANSI/ADA _ ISO
				_ ANSI/ADA _ ISO

— My facility operates an equivalent device.

Equivalent Amalgam Removal Device Information

Manufacturer Name	Model	Date Installed	Number of Chairs Served	Average removal efficiency of equivalent device, per 40 CFR 441.30 (a)(2) i-iii.*

*Refer to Definition 4 in the Information and Definitions

Section C: Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

The amalgam separator or equivalent device is designed and will be operated and maintained to meet the requirements of 40 CFR § 441.30 or § 441.40. — **Required, AND**

—	A third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with 40 CFR § 441.30 or § 441.40. Name of service provider: _____ Phone: _____ OR
—	If a third-party service provider is not used, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with 40 CFR § 441.30 or § 441.40:

Section D: Best Management Practices (BMP) Certification

—	<p>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.</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, is not 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 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 *(required)*

—	I am a responsible corporate officer (if the facility is a corporation)
—	I am a general partner or proprietor (if the facility is a partnership or sole proprietorship)
—	I am the director or highest appointed official (if the facility is a government agency, institutional organization, or other)
—	I am a duly authorized representative in accordance with the requirements of § 403.12(l) of the above named dental facility

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.

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

Authorized Representative Name: _____

Authorized Representative Title: _____

Signature: _____ Date: _____

Section F: Submittal and Records Retention

Print and sign this form. Make a copy for your records, and mail the original with a “wet” signature to:

City of Houston Industrial Wastewater Service, Dental Amalgam Program, 10500 Bellaire Blvd, Houston, TX 77072

Scan and email the form to dentalprogram@houstontx.gov. Retain your copy of this form as long as the above named Dental Discharger subject to 40 CFR Part 441 is in operation or until ownership is transferred. The Dental Discharger is required to make the form available for inspection.

Any Additional Comments: