



**ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS**  
**40 CFR Part 441 Effective Date: July 14, 2017**  
**Effluent Limitations Guidelines and Standards for the Dental Category**

**General Information**

Name of Facility:			
Physical Address:			
Mailing Address:			
Facility Contact Name and Title:			
Phone:		Email	
Owner/ Operator(s)			
Facility Authorized Representative (per 40 CFR Part 441.50(a)(2)) Name and Title			
Phone:		Email	

* Names of Licensed Dentists currently in this practice	

**Please select one of the following**

<input type="checkbox"/>	This practice is a dental discharger subject to this rule (40 CFR Part 441) and does place and/or remove dental amalgam. <i>Complete sections A, B, C, D, E and F</i>
<input type="checkbox"/>	This practice is a dental discharger subject to this rule that does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances (per 40 CFR Part 441.10(f)). <i>Complete section F only</i>

<input type="checkbox"/>	<p><b>** This practice is a dental discharger that exclusively practices one or more of the following dental specialties exempted in 40 CFR Part 441.10(c): oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.</b></p> <p><i>Complete section F only</i></p>
<input type="checkbox"/>	<p><b>** This practice is a dental discharger that does not discharge dental amalgam wastewater to a Publicly Owned Treatment Works (POTW) and is not subject to this rule because:</b></p> <p><input type="checkbox"/> The practice discharges dental process wastewater to a septic tank</p> <p><input type="checkbox"/> The practice collects dental process wastewater for transfer to a Centralized Waste Treatment Facility (CWT).</p> <p><input type="checkbox"/> Other _____</p> <p><i>Complete section F only</i></p>
(Also, select if applicable) Transfer of Ownership (40 CFR Part 441.50 (a)(4))	
<input type="checkbox"/>	<p>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 40 CFR Part 441.50 (a)(4).</p>

**Section A**

**Description of facility**

Total number of chairs:	
Total number of chairs at which amalgam placement or removal occurs:	
Narrative description ( <i>optional</i> )	

**Section B**

**Description of amalgam separator or equivalent device**

<input type="checkbox"/>	<p>My facility has installed one or more amalgam separators (or equivalent devices) that meets the requirements of 40 CFR Part 441.30 for existing sources or Part 441.40 for new sources, and captures all amalgam containing waste from the above identified chairs (in Section A) where amalgam is placed or removed.</p>
<input type="checkbox"/>	<p>My facility has one or more existing amalgam separators installed <b>prior to June 14, 2017</b> that capture amalgam containing waste from the above identified chairs (in Section A) where amalgam is placed or removed, but do not meet the requirements of 40 CFR Part 441.30. I understand that the separator(s) must be replaced with one or more amalgam separators (or equivalent devices) that meet the requirements of 40 CFR Part 441.30, after its lifetime has ended, or <b>June 14, 2027</b>, whichever is sooner.</p>

Make	Model	* Serial Number	Year of installation	
<input type="checkbox"/> My facility operates an equivalent device.				
Make	Model	Average removal efficiency of equivalent device, as determined per 40 CFR 441.30(a)(2) (i- iii).	* Serial Number	Year of installation

**Section C**

**Design, Operation and Maintenance of Amalgam Separator/Equivalent Device**

*Please select and complete one of the following:*

<input type="checkbox"/>	The amalgam separator (or equivalent device) is designed and is operated and maintained to meet the requirements in 40 CFR Part 441.30 or 441.40, or a third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with 40 CFR Part 441.30 or 441.40.
Provide name & address of service provider:	
<input type="checkbox"/>	The amalgam separator (or equivalent device) is operated and maintained by the dental facility staff to meet the requirements in 40 CFR Part 441.30 or Part 441.40.
Provide a description of the practices employed by the dental facility to ensure the proper operation and maintenance in accordance with 40 CFR Part 441.30 or 441.40:	

**Section D**

**Best Management Practices (BMP) Certifications**

<input type="checkbox"/>	The above named dental discharger is implementing the following BMPs as specified in 40 CFR Part 441.30 (b) or Part 441.40 and will continue to do so.
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- 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 POTW must not be cleaned with oxidizing or acidic cleaners that may increase the leaching of solid mercury. Prohibited cleaners include but are not limited to: bleach, chlorine, iodine and peroxide that have a pH lower than 6.0 or greater than 8.0.

**Section E**

**Recordkeeping and Record Retention**

<input type="checkbox"/>	I have read and understand the Recordkeeping and Record Retention requirements for dental dischargers in 40 CFR Part 441.50.
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**Section F**

**Certification Statement**

*"I am a duly authorized signatory official 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."*

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Authorized Signatory Official Name (print)

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Authorized Signatory Official Signature and Date (physical signature)

\* The information being requested by Charlotte Water in this section is beyond what is required by the EPA regarding 40 CFR Part 441. Charlotte Water has the authority to request additional information and forms from users as outlined in the Sewer Use Ordinance Section 23-91. (g)(i).

\*\* The dental discharges that fall in this category are not subject to this rule per the applicability section of 40 CFR Part 441.10, and are not required to submit a One-Time Compliance Report. The information being requested by Charlotte Water in this section is beyond what is required by the EPA regarding 40 CFR Part 441. Charlotte Water has the authority to request additional information and forms from users outlined in the Sewer Use Ordinance Section 23-91. (g)(i).

#### ONE-TIME COMPLIANCE REPORT DEADLINES:

- For “existing source” dental practice (began discharge to POTW prior to July 14, 2017).
  - No amalgam separator DEADLINE: Install amalgam separator by July 14, 2020, and submit One-Time Compliance Report by October 12, 2020.
  - With compliant amalgam separator DEADLINE: Submit One-Time Compliance Report by October 12, 2020.
  - With non-compliant amalgam separator DEADLINE: Submit One-Time Compliance Report by October 12, 2020. Install new compliant separator by July 14, 2027 or within 10 days of when the separator is no longer effective.
- For “new source” dental practice (first discharge to POTW occurs after July 14, 2017).
  - DEADLINE: Submit One-Time Compliance Report no later than 90 days following introduction of wastewater into the POTW.
- For “transfer of ownership”.
  - DEADLINE: New owner must submit One-Time Compliance Report no later than 90 days after transfer.

#### SUBMIT REPORT TO:

Charlotte Water – 4222 Westmont Drive, Charlotte, NC 28217. Attention – A.Z. Williams

#### CONTACT INFORMATION:

A.Z. Williams / Environmental Compliance Specialist

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40 CFR Part 441 “Effluent Limitations Guidelines and Standards for the Dental Category” can be found at <http://www.epa.gov/eg/dental-effluent-guidelines>

A list of municipal pretreatment contacts can be found at

<https://deq.nc.gov/about/divisions/water-resources/water-resources-permits/percs/pretreatment-permits>.

Charlotte Water 4222 Westmont Dr, Charlotte, NC 28217 [charlottewater.org](http://charlottewater.org)



Operated by the City of Charlotte