



**Effluent Limitations Guidelines and Standards for the Dental Office Category**  
**ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS**  
**40 CFR 441.50**

**Instructions:**

The following contains the minimum information dental facilities must submit in a one-time compliance report as required by the Effluent Limitations Guidelines and Standards for the Dental Office Category (“Dental Amalgam Rule”). All dental facilities are required to submit a one-time compliance report to The Shawnee Municipal Authority. See [the applicability section 40 CFR \(§ 441.10\)](#) to determine if your facility is subject to this federal regulation.

**General Information**

Name of Dental Facility :					
Physical Address of Dental Facility					
City:		State:		Zip:	
Mailing Address					
City:		State:		Zip:	
Facility Contact					
Phone:		Email:			
Names of Owner(s):					
Names of Operator(s) if different from Owner(s):					

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**Applicability: Please Select One of the Following**

<input type="checkbox"/>	This facility is a dental discharger subject to this rule ( <a href="#">40 CFR Part 441</a> ) and it places or removes dental amalgam. <i>Complete sections A, B, C, D, and E</i>
<input type="checkbox"/>	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. <i>Complete section E only</i>
<b>(Also, select if applicable) Transfer of Ownership (<a href="#">§ 441.50(a)(4)</a>)</b>	
<input type="checkbox"/>	This facility is a dental discharger subject to this rule ( <a href="#">40 CFR Part 441</a> ), 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 <a href="#">§ 441.50(a)(4)</a> .

**Section A**

**Description of Facility**

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):		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	The facility discharged amalgam process wastewater prior to July 14th, 2017 under any ownership.

**Section B**

**Description of Amalgam Separator or Equivalent Device**

<input type="checkbox"/>	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:	<i>Chairs:</i>									
<input type="checkbox"/>	The dental facility installed prior to June 14, 2017 one or more existing amalgam separators that do not meet the requirements of <a href="#">§ 441.30(a)(1)(i) and (ii)</a> 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 <a href="#">§ 441.30(a)(1)</a> or <a href="#">§ 441.30(a)(2)</a> , after their useful life has ended, and no later than June 14, 2027, whichever is sooner.	<i>Chairs:</i>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Make</th> <th style="width: 45%;">Model</th> <th style="width: 30%;">Year of installation</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Make	Model	Year of installation						
Make	Model	Year of installation									
<input type="checkbox"/>	My facility operates an equivalent device.										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Make</th> <th style="width: 30%;">Model</th> <th style="width: 15%;">Year of installation</th> <th style="width: 30%;">Average removal efficiency of equivalent device, as determined per <a href="#">§ 441.30(a)(2)i- iii.</a></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Make	Model	Year of installation	Average removal efficiency of equivalent device, as determined per <a href="#">§ 441.30(a)(2)i- iii.</a>					
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**Section E**

**Certification Statement**

<p>Per <a href="#">§ 441.50(a)(2)</a>, 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 <a href="#">§ 403.12(l)</a>.</p>			
<p><i>"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."</i></p>			
Authorized Representative Name (print name):			
Phone:		Email:	
<i>Authorized Representative Signature</i>		<i>Date</i>	

**Retention Period; per [§ 441.50\(a\)\(5\)](#)**

<p>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 One Time Compliance Report and make it available for inspection in either physical or electronic form.</p>
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