



Regulatory Services Division  
 Industrial Discharge Control Section  
 14501 Sweitzer Lane, 11<sup>th</sup> Floor • Laurel, MD 20707  
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 Email: [IndustrialDischargeControl@wsscwater.com](mailto:IndustrialDischargeControl@wsscwater.com)

## One-Time Compliance Report For Dental Facilities Discharging to WSSC

**Instructions:**

The following is a form that contains the minimum information dental facilities discharging to the Washington Suburban Sanitary Commission (WSSC) must submit in a one-time compliance report to comply with the Effluent Limitations Guidelines and Standards for the Dental Office Category (“Dental Amalgam Rule” – [40 CFR 441](#)). All facilities subject to the Rule must submit a one-time compliance report.

**General Information (Required for all Facilities)**

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

**Applicability: Please Select One of the Following (Required for all Facilities that Discharge to WSSC)**

<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 (Pages 2-4)</i>
<input type="checkbox"/>	This facility is a dental discharger subject to this rule however (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 A only (Page 2)</i>
<input type="checkbox"/>	This facility is <b>NOT</b> a dental discharger subject to the rule ( <a href="#">§ 441.10</a> ). Please select one of the boxes below: <ul style="list-style-type: none"> <li><input type="checkbox"/> exclusively practice one or more of the following dental specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics</li> <li><input type="checkbox"/> mobile dentistry only</li> <li><input type="checkbox"/> other (no dentist at this address, etc.) <i>Notes:</i></li> </ul> <i>Complete section A only (Page 2)</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. Certification Statement

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."*

Authorized Representative Name (print name):			
Phone:		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 One Time Compliance Report and make it available for inspection in either physical or electronic form.

## Section B. 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"/>	Has the facility discharged amalgam process wastewater prior to July 14th, 2017 under any ownership?

**Section C. Description of Amalgam Separator or Equivalent Device** (Check all applicable boxes)

<input type="checkbox"/>	The dental facility does not have any amalgam separators or equivalent devices installed.		
<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:	Chairs:	
<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)</a> and <a href="#">(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. Please provide the make, model, and year of installation below.	Chairs:	
	<b>Make</b>	<b>Model</b>	<b>Year of installation</b>
<input type="checkbox"/>	My facility operates an equivalent device. Please provide the make, model, and year of installation below.		
	<b>Make</b>	<b>Model</b>	<b>Year of installation</b>
			<b>Average removal efficiency of equivalent device, as determined per <a href="#">§ 441.30(a)(2)i- iii.</a></b>

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

(Check all applicable boxes)

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Can you certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in <a href="#">§ 441.30</a> or <a href="#">§ 441.40</a> ?	
Is a third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with <a href="#">§ 441.30</a> or <a href="#">§ 441.40</a> ?(Check one of the following boxes)			
<input type="checkbox"/>	YES	Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):	
<input type="checkbox"/>	NO	Provide a description (below) of the practices employed by the facility to ensure proper operation and maintenance in accordance with <a href="#">§ 441.30</a> or <a href="#">§ 441.40</a> .	
Describe practices:			

**Section E. Best Management Practices (BMP) Certifications** (Check applicable box)

<input type="checkbox"/>	<p>The above named dental discharger is implementing the following BMPs as specified in <a href="#">§ 441.30(b)</a> or <a href="#">§ 441.40</a> and will continue to do so.</p> <ul style="list-style-type: none"> <li>• 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).</li> <li>• 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).</li> </ul>
<input type="checkbox"/>	<p>The above named dental discharger is not implementing the BMPs as specified in <a href="#">§ 441.30(b)</a> or <a href="#">§ 441.40</a>.</p>

**Please return original signed One-Time Compliance Reports to:**

**WSSC**  
**Industrial Discharge Control Section**  
**14501 Sweitzer Lane, 11<sup>th</sup> Floor**  
**Laurel, MD 20707**

**Questions?** Please contact WSSC at 301-206-8841 or  
 Email: [IndustrialDischargeControl@WSSCWater.com](mailto:IndustrialDischargeControl@WSSCWater.com)

For WSSC Use Only	
Is the Survey Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is follow-up necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If follow-up is necessary, specify follow-up requirements:	
Is the facility subject to 40 CFR Part 441?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Reviewed by (Print Name):	Date:
Data Entered by (Print Name):	Date: