

ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS

To comply with 40 Code of Federal Regulations §441.50 relating to Effluent Limitation Guidelines and Standards for the Dental Office category, this form must be completed and returned by the applicable due date to the following address:

City of Harlingen Waterworks System
Pretreatment Division
121 E. Harrison Ave.
P.O. Box 1950
Harlingen, Texas 78551

Important: Use the INSTRUCTIONS at the end to fill out each question on this form.

Section 1. Dental Facility Information

1. Name of the Dental Facility: _____
2. Physical Address: _____
City, State, and Zip Code: _____
3. Mailing Address: _____
City, State, and Zip Code: _____
4. Owner's Name: _____
5. Operator's Name (if different from owner): _____
6. Name of Wastewater Treatment Plant (if known): _____

Section 2. Facility Contact Information

This individual will be contacted by Harlingen Waterworks System if additional information is needed about this dental facility.

Prefix (Mr. Ms. or Miss): _____

First and Last Name: _____ Suffix: _____

Title: _____ Credentials: _____

Phone Number: _____

Email: _____

Mailing Address: _____

City, State, and Zip Code: _____

Section 3. Applicability

___ This facility places or removes dental amalgam. *Complete Sections 4, 5, 6, 7, and 8.*

___ This facility does not place dental amalgam and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances.
Complete Section 8 only.

___ This facility previously submitted a One-Time Compliance Report. This facility is submitting a new One Time Compliance Report because of a transfer of ownership.
Complete Sections 4, 5, 6, 7, and 8.

Section 4. Dental Facility Description

1. Total Number of Dental Chairs: _____
2. Total Number of Dental Chairs where amalgam may be placed or removed: _____
3. Did the facility discharge amalgam process wastewater on or before July 14, 2017 (under any ownership)? ___ Yes ___ No

Section 5. Description of Amalgam Separator or Equivalent Devices

Select one or more descriptions and complete the applicable questions for that selection.

___ The dental facility has installed one or more amalgam separators that meet the requirements of [40 CFR § 441.30\(a\)\(1\)\(i\) and \(ii\)](#).

For each amalgam separator, provide the make, model, year installed, and the number of chairs at which amalgam placement or removal may occur that are served by the amalgam separator. Attach additional sheets if there are more than 4 different amalgam separators.

Make	Model	Year Installed	Number of Chairs

___ Prior to June 14, 2017, the dental facility installed one or more existing amalgam separators that do not meet the requirements of [40 CFR § 441.30\(a\)\(1\)\(i\) and \(ii\)](#).

1. For each amalgam separator, provide the make, model, year installed, and the number of chairs at which amalgam placement or removal may occur that are served by the amalgam separator. Attach additional sheets if there are more than 4 different amalgam separators.

Make	Model	Year Installed	Number of Chairs

2. I understand that such separators must be replaced with one or more amalgam separators (or equivalent devices) that meet the requirements of [40 CFR § 441.30\(a\)\(1\)](#) or [40 CFR § 441.30\(a\)\(2\)](#), after their useful life has ended, and no later than June 14, 2027, whichever is sooner. ___ Yes

___ The dental facility has installed one or more equivalent devices.

For each equivalent device, provide the make, model, year installed, and the average removal efficiency as determined per [40 CFR § 441.30\(a\)\(2\)-i-iii](#), and the number of chairs at which amalgam placement or removal may occur that are served by the equivalent device. Attach additional sheets if there are more than 4 different equivalent devices.

Make	Model	Year Installed	Average Removal Efficiency	Number of Chairs

Optional: Provide any additional description of amalgam separator(s) and/or equivalent device(s): _____

Section 6. Operation and maintenance of Amalgam Separators and Equivalent Devices

Is a third-party service provider under contract with this facility to ensure proper operation and maintenance in accordance with [40 CFR § 441.30](#) or [40 CFR § 441.40](#).

___ Yes

Provide the name of the third-party service provider:

___ No

Provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with 40 CFR § 441.30 or 40 CFR § 441.40. _____

Section 7. Operation, Maintenance, and Best Management Practice Certification

1. I certify that the amalgam separator(s) and/or equivalent device(s) will be operated and maintained to meet the requirements in [40 CFR § 441.30](#) or [40 CFR § 441.40](#).
___ Yes
2. I certify that the following Best Management Practices are being implemented, and will continue to be implemented, at the dental facility identified in Section 1:
 1. 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).
 2. 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).
___ Yes

Section 8. Signatory Certification

I understand that as long as this dental facility 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.

I certify that 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 40 CFR § 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: _____

Authorized Representative Phone: _____

Authorized Representative Email: _____

Signature: _____ Date: _____

If you have questions on how to fill out this form or about the Pretreatment program, please contact us at 956-440-6568.

Instructions for One-Time Compliance Report for Dental Dischargers

GENERAL INFORMATION

Form Applicability

This form 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”). To determine if your dental facility is exempt from this rule, please see [40 CFR §441.10](#).

Where to Send the One-Time Compliance Report

City of Harlingen Waterworks System
Pretreatment Division
121 E. Harrison Ave.
P.O. Box 1950
Harlingen, Texas 78551

Harlingen Waterworks System’s Contact List

Pretreatment Division: 956-440-6568

INSTRUCTIONS FOR FILLING OUT THE FORM

Section 1. Dental Facility Information

- Provide the name of dental facility.
- Provide the complete physical address of dental facility (street, city, state, and zip code)
- Provide the complete mailing address of dental facility (street, city, state and zip code)
- Provide the name of the owner of the dental facility.
- Provide the name of the operator of the dental facility, if different than the owner.
- The name of the wastewater treatment plant (WWTP) that your dental facility will discharge to is: City of Harlingen Waterworks System No. 2 Wastewater Treatment Facility.

Section 2. Facility Contact Information

- Provide the first and last name of the person that Harlingen Waterworks System can contact for additional information regarding the dental facility.
- Provide the title, credentials (if applicable), phone number, email, and a complete mailing address (street, city, state, and zip code) for the facility contact.

Section 3. Applicability

- If the dental office places or removes dental amalgam, check this box and complete Sections 4, 5, 6, 7, and 8 of the form.
- If the dental office does not place or remove dental amalgam, except in limited emergency or unplanned, unanticipated circumstances, check this box and complete Section 8 only.
- If the dental office previously submitted a One-Time Compliance Report, but is undergoing a transfer of ownership, check this box and complete Sections 4, 5, 6, 7, and 8 of the form.

Section 4. Dental Facility Description

- Provide the total number of dental chairs in the dental facility.
- Provide the total number of dental chairs where amalgam may be place or removed.
- Provide either a “yes” or a “no” response to whether or not the dental office discharged dental amalgam wastewater on or before July 14, 2017.

Section 5. Description of Amalgam Separator or Equivalent Device

- If the dental facility has installed one or more amalgam separators that meet the requirements of [40 CFR § 441.30 \(a\)\(1\)\(i\) and \(ii\)](#), provide the make, model, year installed and the number of chairs at which amalgam placement or removal may occur that are served by the amalgam separator. Please provide this information for each amalgam separator at the dental facility. Attach additional sheets if there are more than four different amalgam separators.
- If prior to June 14, 2017 the dental facility installed one or more existing amalgam separators that do not meet the requirements of [40 CFR § 441.30 \(a\)\(1\)\(i\) and \(ii\)](#), provide the make, model, year installed and number of chairs at which amalgam placement or removal may occur that are served by the amalgam separator. Please provide this information for each amalgam separator at the dental facility. Attach additional sheets if there are more than four different amalgam separators. Please provide a response to the certification statement by checking the “yes” box.
- If the dental facility has installed one or more equivalent devices, provide the make, model, year installed, the average removal efficiency as determined by [40 CFR § 441.30 \(a\)\(2\)i-iii](#), and the number of chairs at which amalgam placement or removal may occur that are served by the equivalent device. Please provide this information for each equivalent device at the dental facility. Attach additional sheets if there are more than four different equivalent devices.

Section 6. Operation and Maintenance of Amalgam Separators and Equivalent Devices

- If a third-party service provider is under contract with the dental facility to ensure proper operation and maintenance of the amalgam separator (or equivalent devices), in accordance with [40 CFR § 441.30](#) or [40 CFR § 441.40](#), check the “yes” box and provide the name of the third-party service provider.
- If a third-party service provider is not under contract by the dental facility, check the “no” box and provide a description of the practices employed by the facility to ensure proper operation and maintenance of the amalgam separator (or equivalent devices), in accordance with [40 CFR § 441.30](#) or [40 CFR § 441.40](#).

Section 7. Operation, Maintenance, and Best Management Practice Certifications

- Please provide a response to the certification statement that the amalgam separator and/or equivalent device(s) will be operated and maintained at the dental office to meet the requirements in 40 CFR §441.30 or 40 CFR §441.40 by checking the “yes” box.
- Please provide a response to the certification statement that both of the best management practices are being implemented and will continue to be implemented at the dental office by checking the “yes” box.
- Failure to indicate “Yes” for the two certification items may result in the requirement for the OTCR Form to be resubmitted.

Section 8. Signatory Certification

- Provide the name, phone number, and email address of the authorized representative. The authorized representative must sign and date the form using blue ink. The certification must bear an original signature of a person meeting the signatory requirements specified under 30 Texas Administrative Code §305.44.