



ONE TIME COMPLIANCE REPORT

FORM A: DENTAL WASTEWATER DISCHARGES SUBJECT TO 40 CFR 441 (Dental Amalgam Rule)

Facility Name: _____ Date of Compliance Report: _____

Facility Physical Address: _____

City: _____, TN Zip Code: _____

Mailing Address: _____

City: _____, TN Zip Code: _____

Owner and Operator Name (Authorized Representative): _____

Owner/Operator Phone #: _____ Email: _____

1. Description of Operation:

Number of Dental Chairs at which dental amalgam may be present: _____

*Description of existing amalgam separators **

Number of amalgam separators installed: _____. Date amalgam separators installed: _____

Make/Manufacturer: _____ Model: _____ Year: _____

Is the amalgam separator(s) compliant with ANSI/ADA Specifications 108 or ISO 11143 standards to achieve at least 95% removal efficiency? _____ Yes _____ No

**Attach additional sheets if necessary for multiple amalgam separators*

2. *Amalgam Separator(s) Operation and Maintenance Certification:*

I certify that the amalgam separators installed at this dental office have been inspected and are in accordance with the manufacturer's operating manual to ensure proper operation and maintenance.

Authorized Representative Signature: _____ Date: _____

3. *Certification that Dental Discharger is implementing Best Management Practices (BMPs):*

I certify that the two (2) BMPs have been implemented, including:

- i. There is no discharge to the City sanitary sewer system of waste amalgam, including, but not limited to, dental amalgam chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices.
- ii. Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to the City sanitary sewer 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.

Authorized Representative Signature: _____ Date: _____

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4. *Brief Description of the practices employed by the facility to ensure proper operation and maintenance in accordance with 40 CFR 441.30. (check or mark by statements below that apply)*

___ The amalgam separator(s) is sized to accommodate the maximum discharge rate of amalgam process wastewater.

___ The amalgam separator(s) is inspected in accordance with the manufacturer's operating manual to ensure proper operation and maintenance of the separator(s) and to confirm that all amalgam process wastewater is flowing through the amalgam retaining portion of the amalgam separator(s).

___ The amalgam retaining units must be replaced in accordance with the manufacturer's schedule as specified in the manufacturer's operating manual or when the amalgam retaining unit has reached the maximum level, as specified by the manufacturer in the operating manual, at which the amalgam separator can perform to the specified efficiency, whichever comes first.

___ In the event that an amalgam separator is not functioning properly, the amalgam separator must be repaired consistent with manufacturer instructions or replaced with a unit that meets the requirements of 40 CFR 441.30(a)(i) and (ii) as soon as possible, but no later than 10 business days after the malfunction is discovered by the dental discharger, or an agent or representative of the dental discharger.

Other Practices employed by dental facility: _____

5. *Third Party Service Provider Information (if applicable)*

Company Name that maintains amalgam separator(s) _____

Company Contact Person: _____ Phone Number: _____

6. *Agreement to have the following documentation on file at the physical office location or in electronic form for a minimum of three (3) years:*

- a. *Maintain a copy of this one time compliance report, and make available for inspection.*
- b. *Document the date, person(s) conducting the inspection, and results of each inspection of the amalgam separator(s), and if needed a summary of follow-up actions.*
- c. *Document amalgam retaining container, filter, or equivalent container replacement, including the date replaced.*
- d. *Document all dates that collected dental amalgam is picked up or shipped for proper disposal, include the name of the permitted or licensed treatment, storage, or disposal facility receiving the amalgam retaining containers.*
- e. *Document any repair or replacement of the amalgam separator(s), including date, person repairing or making replacement and description of repairs.*
- f. *Maintain and have available for inspection in either physical or electronic form the manufacturers operating manual for the current device(s).*

Authorized Representative Signature: _____ Date: _____

*Keep a copy of this One Time Compliance Report for your records. Submit this original completed report to:

City of Kingsport WWTP
Dental Amalgam Rule Report
620 W. Industry Drive
Kingsport, TN 37660