



# PAYSON CITY CORP WWTP PRETREATMENT PROGRAM

## DENTAL DISCHARGER'S ONE-TIME COMPLIANCE REPORT

In accordance with federal regulation, Title 40 of the Code of Federal Regulations Part 441, this form must be completed and returned by the applicable due date to the following address:

Pretreatment Coordinator  
 Payson City Corporation WWTP  
 439 West Utah Avenue  
 Payson, UT 84651

For any new dental discharger or for any existing discharger that has a transfer of ownership, the report must be submitted within 90 days after: the opening date of the new dental facility; or the effective date of the transfer of ownership, respectively. Dental dischargers operating under the same ownership whose first discharge occurred on or before July 14, 2017, should submit this report as soon as possible but in no case no later than July 14, 2020.

IDENTIFYING INFORMATION										
Dental Business Name										
Owner Name(s) (legal name of person, company or entity)						Operator Name(s) if different from Owner(s)				
Dental Facility Physical Address						Dental Facility Mailing Address <input type="checkbox"/> SAME AS PHYSICAL ADDRESS				
City		State		Zip		City		State		Zip
Dental Business Contact Info										
Contact Name							Primary Phone			
Contact Email Address							Secondary Phone			
Owner of Property where Dental Business is Operated (if same, check here: <input type="checkbox"/> )										
Name (legal name of person, company or entity)							Primary Phone			
Contact Email Address							Secondary Phone			
Property Owner Mailing Address						Property Owner Contact Information				
						Primary Phone				
City		State		Zip		Email Address				
Dental Business Ownership Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government Agency <input type="checkbox"/> Other Institutional Organization										

Key Dates	
Date that Dental Business Operation Started at Facility	
Effective Date of Most Recent Ownership Transfer of Dental Business	

**Authorization Representative for Dental Business**  
 Identify an Authorized Representative for the Dental Business below. For a corporation this must be a responsible corporate office meeting the requirements fo 40 CFR 403.12(l)(1). For partnerships this must be a general partner or proprietor, respectively. For government agencies or institutional organizations this must be the director or highest appointed official designated to oversee the business operations.

_____	_____
Print Name of Authorized Representative	Signature of Authorized Representative
_____	_____
Title	Primary Phone

Duly Authorized Representative for Dental Business (not valid without signature of Authorized Representative above)  
 A "Duly Authorized Representative" may be authorized by the Authorized Representative identified above to sign and certify this report if the specified person holds a position with responsibility for the overall operations of the business or overall responsibility for environmental matters for the business in accordance with 40 CFR 403.12(l)(3).

_____	_____
Print Name of Authorized Representative	Signature of Authorized Representative
_____	_____
Title	Primary Phone

**REGULATORY EXEMPTIONS CLAIMED**

Based on any of the following criteria, dental business may qualify for an exemption from: amalgam separator installation and maintenance requirements; and implementation of prescribed best management practices. Mark the check box and include your initials to certify each exemption claimed. If claiming an exemption you may proceed to the Compliance Certification section.

- "The dental business identified exclusively practices one or more of the following dental specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.  
 \_\_\_\_\_ (initials)
- "The dental business identified conducts all dental services from one or more mobile units (defined as a specialized mobile self-contained van, trailer or other equipment used in providing dentistry services at multiple locations)."  
 \_\_\_\_\_ (initials)
- "The dental business identified collects all dental amalgam process wastewater for transfer and hauling to a Centralized Waste Treatment facility as defined in 40 CFR 437."  
 \_\_\_\_\_ (initials)
- "The dental business identified does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances"  
 \_\_\_\_\_ (initials)

## PROCESS INFORMATION

### Process Overview

Total number of chairs at the Dental Business Facility	
Number of chairs in which dental amalgam wastewater may be present	
Number of Amalgam Separators or Equivalent Amalgam Removal Devices Installed	

### Amalgam Separator Information

Manufacturer Name	Model	Year Installed	Number of Chairs Served	Is Separator Certified Under ISO 11143 Standard?

### Equivalent Amalgam Removal Device Information

Manufacturer Name	Model	Year Installed	Number of Chairs Served	Average Removal Efficiency of Equivalent Amalgam Removal Device as Determined by 40 CFR 441.30(a)(2)i-iii?

Is a 3<sup>rd</sup> party service provider used in maintaining amalgam separators or equivalent devices?  Yes  No

3<sup>rd</sup> party service provide for separator or equivalent device maintenance (if applicable)

Name (legal name of person, company or entity)				Contact Person Name	
				Primary Phone	
Address					
City		State		Zip	
				Email Address	

If a 3<sup>rd</sup> party service is NOT used for such services, provide a brief description of in-house practices employed by the dental business to ensure proper operation and maintenance of these separators or devices in accordance with 40 CFR 441.30 and 40 CFR 441.40:

Mark the check box and include your initials to certify each of the following statements:

"The dental business certifies that the use of an amalgam separator(s) or equivalent device(s) that are designed and will be operated and maintained to meet the requirements specified in 40 CFR 441.30 or 441.40.

\_\_\_\_\_ (initials)

"The dental business certifies that it is implementing Best Management Practices (BMPs) specified in 40 CFR 441.30 or 441.40, including the prohibition of the discharge of waste amalgam to the sewer system; and the prohibition of the use of oxidizing and acidic cleaning products fixtures and lines that convey amalgam wastes."

\_\_\_\_\_ (initials)

**COMPLIANCE CERTIFICATION**

The Authorized Representative, or Duly Authorized Representative as identified in accordance with in accordance with 40 CFR 403.12(I), must sign this statement.

*I 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.*

\_\_\_\_\_  
Print Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Date Received:

Entered by:

Exempt from Regulations?  Yes  No

Total Number of Separators & Equivalent Devices:

Were Amalgam Separator(s) / Amalgam Removal Device(s) installed before June 14, 2020  Yes  No