

# ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM) ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS

**Instructions:** 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"). Some dental facilities are not required to submit a one-time compliance report. For instance, if the wastewater discharge is **not** to a sewage treatment works (e.g. if the wastewater is discharged to an on-site septic tank/leach field, without subsequent pickup and discharge to a public sewer), the one-time compliance report is not required. See [the applicability section \(§ 441.10\)](#) to determine if your facility is required to submit a one-time compliance report. Dental facilities that are required to submit a one-time compliance report to the Alabama Department of Environmental Management should mail this form to the following address:

**ADEM-Water Division  
Industrial Section  
PO Box 301463  
Montgomery, Alabama 36130-1463**

## GENERAL INFORMATION

<b>Name of Dental Facility</b>					
<b>Physical Address of Dental Facility</b>			<b>Mailing Address of Dental Facility</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Dental Facility Contact Name</b>		<b>Phone No.</b>		<b>Email Address</b>	
<b>Name(s) of Owner(s):</b>					
<b>Name(s) of Operator(s), if different from Owner(s):</b>					

## APPLICABILITY:

<b>Please indicate which of the following apply to this dental facility by checking the appropriate box:</b>	
<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. <b>Complete sections A, B, C, D, and E</b>
<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. <b>Complete section E only</b>
<b>Please indicate if this is Transfer of Ownership (§ 441.50(a)(4)) by checking the box below:</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 DENTAL FACILITY**

<b>Total number of chairs</b>	<b>Total number of chairs at which amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed)</b>
<b>Description of any amalgam separator(s) or equivalent device(s) currently operated:</b>	
<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>This dental facility discharged amalgam process wastewater prior to July 14th, 2017, under any ownership.</b>	

**SECTION B: DESCRIPTION OF AMALGAM SEPARATOR OR EQUIVALENT DEVICE**

<b>Please indicate which statement(s) below are applicable by checking the appropriate box(es):</b>			
<input type="checkbox"/>	This 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.		
	Indicate the <b>number of chairs</b> at which amalgam placement or removal may occur that are serviced by a compliant amalgam separator (or equivalent device):		
<input type="checkbox"/>	Prior to June 14, 2017, this dental facility installed one or more existing amalgam separators that do <b>NOT</b> meet the requirements of § 441.30(a)(1)(i) and (ii)		
	Indicate the <b>number of chairs</b> at which amalgam placement or removal may occur that are NOT serviced by a compliant amalgam separator (or equivalent device):		
By checking this box, I am affirming that I understand that such separators must be replaced with one or more amalgam separators (or equivalent devices) that meet the requirements of § 441.30(a)(1) or § 441.30(a)(2), after their useful life has ended, and no later than June 14, 2027, whichever is sooner.			
<b>Please list the ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators in service at this dental facility:</b>			
<b>Make</b>	<b>Model</b>	<b>Year of installation</b>	
<b>Please indicate if this dental facility operates one or more equivalent devices by checking the box and listing the devices below:</b>			
<input type="checkbox"/>	Yes, this dental facility operates one or more equivalent devices.		
<b>Make</b>	<b>Model</b>	<b>Year of installation</b>	<b>Average removal efficiency of equivalent device, as determined per §441.30(a)(2)i- iii.</b>

**SECTION C: DESIGN, OPERATION AND MAINTENANCE OF AMALGAM SEPARATOR/EQUIVALENT DEVICE**

<b>Please indicate which of the following statements are true by checking the appropriate box:</b>	
<input type="checkbox"/>	I 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> .
<input type="checkbox"/>	I certify that a third-party service provider is under contract with this dental facility to ensure proper operation and maintenance in accordance with <a href="#">§ 441.30</a> or <a href="#">§ 441.40</a> .
<b>Provide the name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):</b>	
<input type="checkbox"/>	I can <b>NOT</b> certify that the either of the above statements are true.
<b>Provide a description of the practices employed by this dental facility to ensure proper operation and maintenance in accordance with <a href="#">§ 441.30</a> or <a href="#">§ 441.40</a> in the space below:</b>	

**SECTION D: BEST MANAGEMENT PRACTICES (BMP) CERTIFICATIONS**

<b>Please indicate that this dental facility is implementing the required BMPs by checking the box below:</b>	
<input type="checkbox"/>	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. <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>

**SECTION E: CERTIFICATION STATEMENT**

<b>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 this 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>.</b>		
<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>		
<b>Name of Authorized Agent</b>	<b>Authorized Agent's Signature</b>	<b>Date Signed</b>
<b>Agent's Phone Number:</b>		<b>Agent's Email Address:</b>

**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, this dental facility or an agent or representative of this dental facility must maintain this One-time Compliance Report and make it available for inspection in either physical or electronic form.