



## **Pretreatment Program**

# Fats, Oil and Grease / Industrial User Manual and Permit Program & Dental Waste Standards & Guidelines

February 2023

Widefield Water and Sanitation District  
8495 Fontaine Blvd.  
Colorado Springs, CO 80925  
(719) 390-7111



## WASTEWATER DISCHARGE QUESTIONNAIRE

Completed Questionnaire Due Date:

For questions regarding this questionnaire, please email [Logan@wwsdonline.com](mailto:Logan@wwsdonline.com).

### GENERAL INFORMATION:

Date: \_\_\_\_\_ SIC and/or NAICS Code(s): \_\_\_\_\_

Company Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: CO Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Utilities Account No(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_



Person(s) to be contacted regarding this questionnaire:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**FACILITY OPERATIONS AND WASTEWATER INFORMATION:**

1. Check all activities which are or will be present at your facility:

- |   |   |
|---|---|
| <input type="checkbox"/> Assembly                       | <input type="checkbox"/> Medical Services       |
| <input type="checkbox"/> Auto Services                  | <input type="checkbox"/> Retail                 |
| <input type="checkbox"/> Food Processing/Service        | <input type="checkbox"/> Vehicle/Equipment Wash |
| <input type="checkbox"/> Manufacturing                  | <input type="checkbox"/> Warehousing            |
| <input type="checkbox"/> Material Transfer/Distribution | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Office (not medical)           |   |

2. Describe in **DETAIL** the type of work (service or manufacturing) performed at this location. Include processes, products, services, etc.

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3. List the basic materials used, sold, and/or distributed in the operation at your facility. Include base materials and end products.

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4. Are there any floor drains in the work or storage areas at your facility: YES  NO   
If yes, please describe the location (s):

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5. Indicate the total average water use at this facility to include bathrooms, irrigation, and process water.

\_\_\_\_\_Gallons per \_\_\_\_\_Day

Information Obtained From

- Estimate
- Water bill
- Flow meter or totalizer
- Other source (please specify): \_\_\_\_\_

6. Are any liquid wastes, sludges, or other waste materials generated from this facility's processes?

YES  NO

7. Are any of the wastes that are generated by this facility's processes, service, or manufacturing activities discharged to the sanitary sewer system?

YES  NO



8. If YES to question #7, indicate the total daily process (**non-domestic**) wastewater discharge from your facility.

\_\_\_\_\_ Gallons per \_\_\_\_\_ Day                      NONE

Information Obtained From

- Estimate
- Water bill
- Flow meter or totalizer
- Other source (please specify): \_\_\_\_\_

If you do not have a connection to the Widefield Water and Sanitation District wastewater collection system, how often is your septic/holding tank pumped?

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*(Please provide waste hauler information in question #18 below)*

9. What chemicals are used in this facility's processes, service, or manufacturing activities?

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10. Number of shifts at this facility: \_\_\_\_\_

Average number of employees per shift: \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup>

11. Are any of the following plans in effect at this facility?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| RCRA plan to handle hazardous waste?              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Spill prevention plan?                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Closure plan?                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Plan for handling solvents and/or solvent wastes? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |



12. Below is a list of processes/activities that are either categorically defined and regulated by the US Environmental Protection Agency (EPA) or considered significant by the Widefield Water and Sanitation District. Do any operations in your facility include any of the following processes or activities?

Yes (check all that apply)                       No

- Adhesives
- Airport Deicing
- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Beverage Manufacturing
- Canned & Preserved Fruits & Vegetables
- Canned & Preserved Seafood
- Carbon Black Manufacturing
- Cement Manufacturing
- Coal Mining
- Coil Coating
- Copper Forming
- Dairy Products
- Electrical & Electronic Components
- Electroplating
- Explosives Manufacturing
- Feedlots
- Ferroalloy Manufacturing
- Fertilizer Manufacturing
- Glass Manufacturing
- Grain Mills
- Gum & Wood Chemicals Manufacturing
- Hazardous Waste Combustors
- Hospitals
- Industrial Laundry
- Ink Formulating
- Inorganic Chemicals
- Iron & Steel Manufacturing
- Landfills
- Leather Tanning & Finishing
- Meat Products

- Metal Finishing
  - Metal Molding & Casting (Foundry)
  - Mineral Mining & Processing
  - Nonferrous Metals Forming & Metal Powders
  - Nonferrous Metals Manufacturing
  - Oil & Gas Extraction
  - Ore Mining & Dressing
  - Organic Chemicals
  - Paint Formulating
  - Paving & Roofing Materials
  - Pesticide Chemicals
  - Petroleum Refining
  - Pharmaceutical Manufacturing
  - Phosphate Manufacturing
  - Photographic or X-ray Processing
  - Plastics Manufacturing
  - Plastics Molding & Forming
  - Porcelain Enameling
  - Pulp, Paper & Paperboard
  - Rubber Manufacturing
  - Sand/Oil Interceptor
  - Soap & Detergent Manufacturing
  - Steam Electric Power Generating
  - Sugar Processing
  - Synthetic Fibers
  - Textile Mills
  - Timber Products
  - Tobacco Products Processing
  - Transportation Equipment Cleaning
  - Waste Treatment
- Describe: \_\_\_\_\_
-



13. For each item checked in Question 12, describe the type of wastewater discharged: *Attach additional sheets if needed.*

| Operation / Activity | Description of wastewater discharged from the operation/activity |
|----------------------|--|
|                      |  |
|                      |  |
|                      |  |
|                      |  |
|                      |  |
|                      |  |

14. Do you anticipate any operational or process changes in the future:      YES       NO   
 If yes, please explain:

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15. Is any of your wastewater treated prior to discharge to the sanitary sewer?      YES       NO   
 (i.e. interceptors/traps, metals treatment, pH adjustment, filtration, etc.)

If yes, indicate pretreatment devices or processes that are used for treating wastewater. Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Air Flotation               | <input type="checkbox"/> Neutralization, (pH adjustment) |
| <input type="checkbox"/> Amalgam Separator           | <input type="checkbox"/> Oil Separation                  |
| <input type="checkbox"/> Biological (specify): _____ | <input type="checkbox"/> Ozonation                       |
| <input type="checkbox"/> Centrifuge                  | <input type="checkbox"/> Precipitation                   |
| <input type="checkbox"/> Chlorination                | <input type="checkbox"/> Sand Interceptor                |
| <input type="checkbox"/> Cyclone                     | <input type="checkbox"/> Screening                       |
| <input type="checkbox"/> Filtration                  | <input type="checkbox"/> Sedimentation                   |
| <input type="checkbox"/> Flocculation                | <input type="checkbox"/> Septic Tank                     |
| <input type="checkbox"/> Flow Equalization           | <input type="checkbox"/> Silver Recovery                 |
| <input type="checkbox"/> Grease Trap / Interceptor   | <input type="checkbox"/> Solvent Separation              |
| <input type="checkbox"/> Grit Removal                | <input type="checkbox"/> Other (specify): _____          |
| <input type="checkbox"/> Ion Exchange                |  |



16. Describe the treatment system and/or treatment unit(s): **IF NO TREATMENT EXISTS, PLEASE ANSWER N/A.**

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17. Attach a copy of any chemical analyses performed on your process wastewater flows within the last three (3) years:

Analyses Attached

No Analyses Available

**WASTE DISPOSAL:**

18. Provide the following information on all waste hauler(s) and or onsite treatment vendor(s) if used (not including typical garbage haulers):

Waste Hauler or On-Site Treatment Vendor #1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Waste Hauler or On-Site Treatment Vendor #2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

*Attach additional sheets as needed.*





19. What is your RCRA waste generator status?

- Large Quantity Generator
- Small Quantity Generator
- Conditionally Exempt Small Quantity Generator
- None

**NOTE TO SIGNING OFFICIAL:** In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, effluent data provided in this questionnaire shall be available to the public without restriction. Any other information provided may be claimed as confidential by the submitter. Such claim must be asserted at the time of submission by stamping the words "Confidential Business Information" on, or similarly identifying the information claimed as confidential. Requests for confidential treatment of information shall be governed by procedures specified in 40 CFR Part 2.

**STATEMENT OF CERTIFICATION:**

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_



**F.O.G.**  
**Fog User Survey Site Inspection**  
Widefield Water and Sanitation District  
8495 Fontaine Blvd, Colorado Springs CO 80925  
719-390-7111

Name of Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Inspection: \_\_\_\_\_ Time: \_\_\_\_\_

**General Food Service Establishment Information**

Facility Name: \_\_\_\_\_ Facility Address: \_\_\_\_\_

Facility Owner: \_\_\_\_\_ Facility Manager: \_\_\_\_\_ Facility Phone Number: \_\_\_\_\_

Type of Food Service Operation: \_\_\_\_\_ Type of Food Served: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Number of meals served/day: \_\_\_\_\_ Number of Seats: \_\_\_\_\_

Grease Interceptor -Type: Hydromechanical / Gravity

Number of units: Size: \_\_\_\_\_ gallons / lbs Location: \_\_\_\_\_

Access Type: \_\_\_\_\_

Cleaning Frequency: \_\_\_\_\_

Are records available/up to date? YES NO N/A

Is minimum frequency of cleanings kept up to date? YES NO N/A

Last Maintenance Day: \_\_\_\_\_ How much is taken out? \_\_\_\_\_ gallons

Disposal Location: \_\_\_\_\_

Grease Interceptor Maintenance - Condition: Poor / Fair / Good / Excellent

Measurements: Total Liquid Depth (in.) –

Total FOG (in.) –

Percentage = \_\_\_\_\_ Total Solids (in.) –

Free of Debris or Garbage: YES NO N/A

Baffle Wall Secure: YES NO N/A

Free of Cracks or Defects: YES NO N/A

Outlet Tee: YES NO N/A

Sample taken: YES NO N/A If so, from where? \_\_\_\_\_

Kitchen Equipment/Devices Chemicals in use: YES NO N/A

Dishwasher in use: YES NO N/A Garbage disposal in use: YES NO N/A Attached to grease interceptor:

Additional Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**INSIDE GREASE TRAP AND USED FRYER  
MAINTENANCE LOG**

Business Name \_\_\_\_\_ Address \_\_\_\_\_

Location of Grease Trap \_\_\_\_\_

Example: under 3 compartment sink in prep area

| Date of trap Cleaning or Inspection | Name of Cleaner or Inspector | Approximate Amount of Grease/Debris Removed in pounds or gallons<br>2 cups = 1lb | Method of Disposal<br>(Example: put in trash) |
|-------------------------------------|------------------------------|--|---|
|                                     |                              |  |   |
|                                     |                              |  |   |
|                                     |                              |  |   |
|                                     |                              |  |   |
|                                     |                              |  |   |
|                                     |                              |  |   |
|                                     |                              |  |   |
|                                     |                              |  |   |

Does your business use fryer oil? \_\_\_\_\_  
 Does your business recycle used fryer oil? \_\_\_\_\_ If YES, name and telephone number of recycler \_\_\_\_\_  
 Are used fryer oil containers secured to reduce the possibility of spillage or vandalism? \_\_\_\_\_  
 If used fryer oil is not recycled how is it disposed? \_\_\_\_\_

| Date of Fryer used oil pick-up | Approximate Gallons of oil picked up | Where is the used oil taken and how is it used |
|--------------------------------|--------------------------------------|--|
|                                |                                      |  |
|                                |                                      |  |
|                                |                                      |  |
|                                |                                      |  |
|                                |                                      |  |
|                                |                                      |  |

**CERTIFICATION:** I certify under penalty of law that the above information is true and accurate and complete to the best of my knowledge. I am aware that there are significant penalties for submitting false information including the possibility of fine and/or imprisonment for knowing violations.

\_\_\_\_\_  
Signature of Authorized personnel

\_\_\_\_\_/\_\_\_\_\_  
Title / Date





**INDUSTRIAL PRETREATMENT  
Industrial User Survey Site Inspection**  
Widefield Water and Sanitation District  
8495 Fontaine Blvd, Colorado Springs CO 80925  
719-390-7111

|   |                         |                        |
|---|-------------------------|------------------------|
| <b>Industrial User</b>                                    | <b>Facility Address</b> |                        |
|   |                         |                        |
| <b>Inspection Date</b>                                    | <b>Inspection Time</b>  | <b>Inspection Type</b> |
|   |                         |                        |
| <b>Categorical Industrial User?</b>                       | <b>Category</b>         |                        |
| Yes <input type="checkbox"/> No <input type="checkbox"/>  |                         |                        |
| <b>SIC/NAICS Code</b>                                     | <b>40 CFR Citation</b>  |                        |
|   |                         |                        |
| <b>Objective (What is the purpose of the inspection?)</b> |                         |                        |
|   |                         |                        |
| <b>Brief Description of Business Activities</b>           |                         |                        |
|   |                         |                        |



**Facility Representatives**

| Representative | Title | Phone | E-mail |
|----------------|-------|-------|--------|
|                |       |       |        |
|                |       |       |        |

**Utilities Representatives**

| Inspection Personnel | Title | Phone | E-mail |
|----------------------|-------|-------|--------|
|                      |       |       |        |
|                      |       |       |        |
|                      |       |       |        |

**CHEMICAL HANDLING & SUPPLY:**

| Raw Materials/Use/Storage Location/Storage Containers: |
|--|
|  |



Chemicals/Use/Storage Location/Storage containers:

Empty response area for the question: Chemicals/Use/Storage Location/Storage containers:

How are chemicals handled/transferred?

Empty response area for the question: How are chemicals handled/transferred?



Were any floor drains observed in raw material or chemical storage/handling/usage areas?

Yes  No  N/A

|                      |
|----------------------|
| Describe:            |
| <br><br><br><br><br> |

Was spill containment observed in supply or storage areas?

Yes  No  N/A

|                      |
|----------------------|
| Describe:            |
| <br><br><br><br><br> |

Are chemicals stored outside?

Yes  No  N/A

|  |
|--|
| Which chemicals and describe:            |
| <br><br><br><br><br><br><br><br><br><br> |

Does spill containment on-site appear to be adequate for the facility's spill potential?

Yes  No  N/A









**Pretreatment System? If yes, check their Treatment Methodology below. If no, check "Other" and write, "N/A".**

| Treatment Methodology    |                        |                          |                                |
|--------------------------|------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | Chemical Precipitation | <input type="checkbox"/> | Neutralization / pH Adjustment |
| <input type="checkbox"/> | Cyanide Destruction    | <input type="checkbox"/> | Oil / Water Separation         |
| <input type="checkbox"/> | Electrowinning         | <input type="checkbox"/> | Solvent Recovery               |
| <input type="checkbox"/> | Evaporation            | <input type="checkbox"/> | Reverse Osmosis                |
| <input type="checkbox"/> | Filtration             | <input type="checkbox"/> | Sand Trap                      |
| <input type="checkbox"/> | Filter Press           | <input type="checkbox"/> | Sedimentation                  |
| <input type="checkbox"/> | Fluoride Precipitation | <input type="checkbox"/> | Silver Recovery                |
| <input type="checkbox"/> | Ion Exchange           | <input type="checkbox"/> | Other (specify):               |

| Type of Discharge        |            |  |
|--------------------------|------------|--|
| <input type="checkbox"/> | Continuous | <input type="checkbox"/> Batch <input type="checkbox"/> Zero Discharge |

If waste is stored on-site, describe spill containment in storage area:

Yes  No  N/A

| Describe: |
|-----------|
|           |





Samples, Documents, Plans, and/or Photos Collected?

Yes  No

Describe:

**\*\*PLEASE ATTACH ALL PHOTOS TAKEN\*\***



**ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS**

**to Comply with 40 CFR 441.50  
Effluent Limitations Guidelines and Standards for the Dental Office Category**

**Instructions:**

The following is a sample form that 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. See the applicability section (§ 441.10) to determine if your facility is required to submit a one-time compliance report.

Note to dental facilities: Do not fill out and submit this form unless directed to do so by your Control Authority. Please contact your Control Authority to determine what form to use. Your Control Authority may be your wastewater utility, your state wastewater agency, or the U.S. EPA Regional Office. For assistance in determining your Control Authority, please see EPA’s website: [www.epa.gov/eg/dental-effluent-guidelines](http://www.epa.gov/eg/dental-effluent-guidelines)

**General Information**

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



**Applicability: Please Select One of the Following**

|  |   |
|--|---|
| <input type="checkbox"/>   | This facility is a dental discharger subject to this rule (40 CFR Part 441) and it places or removes dental amalgam.<br><i>Complete sections A, B, C, D, and E</i>  |
| <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.<br><i>Complete section E only</i>                           |
| <b>(Also, select if applicable) Transfer of Ownership (§ 441.50(a)(4))</b> |   |
| <input type="checkbox"/>   | This facility is a dental discharger subject to this rule (40 CFR Part 441), 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 § 441.50(a)(4). |

**Section A**

**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): |                                |  |
| Description of any amalgam separator(s) or equivalent device(s) currently operated:   |                                |  |
|   |                                |  |
| YES<br><input type="checkbox"/>   | NO<br><input type="checkbox"/> | The facility discharged amalgam process wastewater prior to July 14th, 2017 under any ownership. |



**Section B**

**Description of Amalgam Separator or Equivalent Device**

| <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:  | <i>Chairs:</i>       |  |       |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|----------------------|--|-------|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <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 § 441.30(a)(1)(i) and (ii) at the following number of chairs at which amalgam placement or removal may occur:<br>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. | <i>Chairs:</i>       |  |       |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Make</th> <th style="width: 50%;">Model</th> <th style="width: 25%;">Year of installation</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>   |  |                      | Make   | Model | Year of installation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Make  | Model  | Year of installation |  |       |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |                      |  |       |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |                      |  |       |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |                      |  |       |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |                      |  |       |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/>  | My facility operates an equivalent device.   |                      |  |       |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Make</th> <th style="width: 35%;">Model</th> <th style="width: 15%;">Year of installation</th> <th style="width: 25%;">Average removal efficiency of equivalent device, as determined per § 441.30(a)(2)i- iii.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> |  |                      | Make   | Model | Year of installation | Average removal efficiency of equivalent device, as determined per § 441.30(a)(2)i- iii. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Make  | Model  | Year of installation | Average removal efficiency of equivalent device, as determined per § 441.30(a)(2)i- iii. |       |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |                      |  |       |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |                      |  |       |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |                      |  |       |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |                      |  |       |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |





**Section C**

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

|   |     |   |  |
|---|-----|---|--|
| <input type="checkbox"/>  | YES | I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in § 441.30 or § 441.40. |  |
| A third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40. |     |   |  |
| <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  | If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40.  |  |
| <i>Describe practices:</i>  |     |   |  |

**Section D**

**Best Management Practices (BMP) Certifications**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <p>The above named dental discharger is implementing the following BMPs as specified in § 441.30(b) or § 441.40 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> |
|--------------------------|---|



**Section E  
Certification Statement**

**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.

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 ( <i>print name</i> ): |  |             |  |
| Phone:  |  | Email:      |  |
|   |  |             |  |
| <i>Authorized Representative Signature</i>            |  | <i>Date</i> |  |