



Dear Valued Customer,

Pima County Regional Wastewater Reclamation Department's (PCRWRD) Industrial Wastewater Control Section is responsible for monitoring and controlling non-domestic wastewater discharges into our sanitary sewer system. As you may be aware, on June 14, 2017, the Environmental Protection Agency (EPA) established Effluent Limitations Guidelines and Standards for the Dental Category (40 CFR Part 441) that became effective on July 14, 2017. The rule applies to wastewater discharges to PCRWRD from offices where the practice of dentistry is performed, including: large institutions such as dental schools and clinics; permanent or temporary offices; home offices; and dental facilities owned and operated by the military and federal, state, or local governments. The EPA rule requires the above listed dental facilities to submit to PCRWRD a One-Time Compliance Report.

In an effort to make this process as easy as possible for dental practices in Pima County, and to assist in your compliance with this federal requirement, we developed the enclosed Dental Amalgam Survey. **Please complete a survey for each facility that you operate and in which dentistry is performed.** The survey has a total of six sections, which are outlined below:

- Section A: General information – Must be completed by all facilities.
- Section B: Facility information – Must be completed by all facilities.
- Section C: Certification for facilities not subject to the rule – To be completed by qualifying exempt facilities.
- Section D: Amalgam information – To be completed by facilities that are required to have amalgam separators.
- Section E: Certification for facilities that are subject to the rule and are in compliance with the rule requirements.
- Section F: Certification statement for facilities subject to the rule but do not have amalgam separators or established best management practices.

Thank you in advance for your assistance in helping the PCRWRD return clean water to our environment. If you have any questions regarding this survey, please contact us at (520) 724-6200 or you can email your questions to [CRAO\\_IWC@pima.gov](mailto:CRAO_IWC@pima.gov).

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**Industrial Wastewater Control**

**Jackson Jenkins**, Director  
2955 West Calle Agua Nueva, Tucson, Arizona 85745 • Phone: 520-724-6200 • Fax: 520-770-4254



## Dental Amalgam Survey

### Section A: General Information (Required for all Facilities)

Facility Name:	AZ Board of Dental Examiners License Number:	
Operator(s) Name(s):		
Owner(s) Name(s):		
Facility Street Address:		
City:	Zip Code:	
Facility Phone:	Facility Email:	
Mailing Street Address:		
City:	State:	Zip Code:

### Section B: Facility Information (Required for all Facilities)

1. Describe the facility's Primary Operation: \_\_\_\_\_

2. Please answer the following questions pertaining to your facility:	Yes	No
Does your facility discharge dental amalgam wastewater to PCRWRD? If not, please specify how your dental amalgam wastewater is disposed.		
Does your office work with or expect to work with dental amalgam (not including limited emergency or unplanned, unanticipated circumstances) or generate any wastewater associated with dental amalgam?		

***If you answered "no" to either question, please sign and date the certification statement in Section C, and return this survey to PCRWRD; otherwise, continue to question 3.***

3. Please answer the following questions pertaining to the type of practice:	Yes	No
Does your office exclusively practice one or more of the following dental specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics?		
Is your dental facility a mobile unit? A mobile unit means a specialized mobile self-contained van, trailer, or equipment used in providing dentistry services at multiple locations?		

***If you answered "yes", to both questions, please sign and date the certification statement in Section C, and return this survey to PCRWRD; otherwise, continue to Section D – Amalgam Information***

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## Section C: Certification Statement for Dental Offices Not Subject to 40 CFR Part 441

This certification statement is for facilities that have indicated that they are NOT subject to this rule.

Please note if in the future there is a transfer of ownership, the new owner must submit a new Dental Amalgam Survey to PCRWRD no later than 90 days after the transfer.

Upon completion of Section C, please return this survey to PCRWRD in the enclosed envelope.

I, \_\_\_\_\_, the authorized representative\* of the

facility located at \_\_\_\_\_ hereby certify that my facility (please check all applicable boxes below):

- does not discharge dental amalgam wastewater to PCRWRD.
- does not place dental amalgam and does not remove dental amalgam except in limited circumstances. Limited circumstances are defined as limited emergency or unplanned, unanticipated circumstances.
- exclusively practices one or more of following: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics
- is a mobile unit.

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 evaluated the information submitted. Based on my inquiry of the person or persons who managed 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.

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

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

\*Note: An authorized representative is (1) a responsible corporate officer if the dental office is a corporation; (2) a general partner or proprietor if the dental office is a partnership or sole proprietorship; or (3) a duly authorized representative of the responsible corporate officer, or general partner or proprietor.

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## Section D: Amalgam Information (Required for Facilities that Work with Dental Amalgam)

1. How many chairs in your office are associated with dental amalgam?

2. What is the estimated wastewater flow rate, in gallon per day (gpd) associated with dental amalgam?

gpd

3. Does your facility have any amalgam separator(s) or equivalent devices installed for each chair associated with dental amalgam?

Yes       No

***If no, please sign and date the certification statement in Section F and return the survey to PCRWRD; otherwise, please continue.***

Please include any amalgam separator or equivalent device information below:			
	Separator or Device #1	Separator or Device #2	Separator or Device #3
Is this an amalgam separator or equivalent device?	<input type="checkbox"/> Separator <input type="checkbox"/> Device	<input type="checkbox"/> Separator <input type="checkbox"/> Device	<input type="checkbox"/> Separator <input type="checkbox"/> Device
Make			
Model			
Year of Installation			
How many chairs are associated with this separator or device?			
What is the maximum wastewater discharge rating of the separator or device?	_____ gallons per day <input type="checkbox"/> Unknown	_____ gallons per day <input type="checkbox"/> Unknown	_____ gallons per day <input type="checkbox"/> Unknown
Is a third party maintaining this separator or device?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
The following 2 questions are only applicable to amalgam separators.			
Is this device compliant with ANI/ADA specification 108 (2009)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is this device compliant with the ISO 11143 Standards (2008)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
The following 2 questions are only applicable to equivalent amalgam removal devices.			
How many chairs are associated with this separator?			
Have at least a 95 percent removal efficiency (based on dry weight)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

*If more than three amalgam separators or devices are installed or if additional explanations are needed, please include the additional information on a separate page.*

Please provide additional information regarding the third party maintenance company, if applicable:

<b>Maintenance Company Name:</b>		
<b>Maintenance Company Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Primary Contact Number for Maintenance Company:</b>		
<b>Primary Contact Email for Maintenance Company:</b>		

If your office does not have a third party maintaining the amalgam separators, what practices does the office use to ensure proper operation and maintenance?

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4. Please indicate whether you implement any of the following Best Management Practices (BMPs) in your office:	Yes	No
Ensuring that waste amalgam including, but not limited to, dental amalgam from chairside traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, are <b>not</b> to be discharged to a POTW. [40 CFR 441.30(b)(1)]		
Ensuring that Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a POTW are not 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 standard units. [40 CFR 441.30(b)(2)]		

If you answered “no” for either of these BMPs, you are required to begin implementing them by no later than July 14, 2020, to ensure proper compliance with the regulation at 40 CFR Part 441. In addition, please sign and date the certification statement in Section F and return the survey to PCRWRD.

If you answered “yes” to both of these BMPs, please continue to Question 5 and Section E.

5. Please include any additional BMPs implemented by your facility with this survey:

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## Section E: Certification Statement for Facilities Compliant with 40 CFR Part 441 Requirements

This certification statement is for facilities that have indicated that they have appropriate amalgam separators or equivalent devices associated with each chair associated with dental amalgam, and are in compliance with the BMP requirements of 40 CFR Part 441. By completing this survey (Sections A, B, D, and E) and signing this certification statement, your office will have satisfied the "One-Time Compliance Report" requirements as set forth in 40 CFR 441.50. Please note if in the future there is a transfer of ownership, the new owner must submit a new One-Time Compliance Report to PCRWRD no later than 90 days after the transfer.

Upon completion, please return this survey to PCRWRD in the enclosed envelope.

I, \_\_\_\_\_, an authorized representative\* of the facility located at \_\_\_\_\_

hereby certify that all chairs associated with dental amalgam wastewater at this facility have (please check all applicable boxes below):

- For amalgam separators installed prior to June 14, 2017:** amalgam separators installed prior to June 14, 2017, and I understand that these existing separators must be replaced in the event that the amalgam separator is not functioning properly or by June 14, 2027, whichever is sooner.
- For amalgam separators installed after June 14, 2017:** amalgam separators installed and the separators are designed and will be operated and maintained to be compliant with either ANSI/ADA Specification 108 for Amalgam Separators (2009). In addition, the separators are sized to accommodate the maximum discharge rate of amalgam process wastewater.
- For amalgam removal devices:** amalgam removal devices installed and the devices have a removal efficiency of at least 95 percent and are sized to accommodate the maximum discharge rate of amalgam process wastewater.

In addition, I certify that the facility is (please check all the applicable statements):

- In compliance with the BMP requirements set forth in 40 CFR 441.30(b)(1)
- In compliance with the BMP requirements set forth in 40 CFR 441.30(b)(2)

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 evaluated the information submitted. Based on my inquiry of the person or persons who managed 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.

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

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

\*Note: An authorized representative is (1) a responsible corporate officer if the dental office is a corporation; (2) a general partner or proprietor if the dental office is a partnership or sole proprietorship; or (3) a duly authorized representative of the responsible corporate officer, or general partner or proprietor.

## Section F: For Dental Facilities Without Amalgam Separators and/or Established BMPs

This certification statement is for dental facilities that have not installed the necessary amalgam separator, have installed amalgam separator but the device does not meet the requirements of 40 CFR Part 441, or are not in compliance with the BMP requirements of 40 CFR Part 441.

I, _____, an authorized representative* of the facility	
located at _____	
hereby 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 evaluated the information submitted. Based on my inquiry of the person or persons who managed 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.	
Signature: _____	Date: _____
Printed Name: _____	
*Note: An authorized representative is (1) a responsible corporate officer if the dental office is a corporation; (2) a general partner or proprietor if the dental office is a partnership or sole proprietorship; or (3) a duly authorized representative of the responsible corporate officer, or general partner or proprietor.	

### Please return completed Dental Amalgam Surveys to:

**PCRWRD**  
**Industrial Wastewater Control Section**  
**2955 W. Calle Agua Nueva**  
**Tucson, AZ 85745-9705**

**Questions?** Please contact PCRWRD at 520-724-6200 or  
 Email: CRAO\_IWC@pima.gov

For RWRD Use Only	
Is the Survey Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is follow-up necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If follow-up is necessary, specify follow-up requirements:	
Is the facility subject to 40 CFR Part 441?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Reviewed by (Print Name):	Date:
Data Entered by (Print Name):	Date: