SVSD IPP Form #4

FOR OFFICE USE
Exempt: _____
Follow up: _____
User inventory updated: _____

Dental Discharger
ONE-TIME COMPLIANCE REPORT

Pursuant to US Environmental Protection Agency (EPA) requirements (40 CFR §441), the South Valley Sewer District (SVSD) requires new dental facilities in its jurisdiction to complete and return this form within 90 days of the commencement of discharge to the sewer. For details regarding EPA requirements, see the attached fact sheet or call the SVSD Pretreatment Department at 385-202-2777.

SECTION A – Facility Information	
Facility Name:	
Facility Physical Address:	
Facility Mailing Address:	
Name of Facility Operators & Owners:	
Telephone #:	Email Address:
Facility in Business Since:	

Initial in the right hand column if preceding statement is correct:

SECTION B – Exemptions	Initial if affirmative
"The above named facility does not place or remove dental amalgam, except in limited emergency or unplanned, unanticipated circumstances."	
"The above named facility exclusively practices one or more of the following dental specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics."	
"The above named facility operates exclusively from a mobile unit, and/or does not discharge to the sanitary sewer system."	

If any of the above statements is affirmed, skip to SECTION D. If not, complete SECTION C below.

SECTION C – Requirements	Initial if affirmative
"The following information is true of the above named facility:" • *Total number of dental chairs:* • *Total number of dental chairs at which dental amalgam may be present in the resulting wastewater:*	
"The above named facility has installed the following amalgam separator(s) on vacuum lines serving dental chairs at which dental amalgam may be present:" • *Number of separators:* • *Manufacturer:* • *Model:* • *Date of installation:* • *Separators are certified under ANSI 108, or ISO 11143, or subsequent versions that requires 95% removal efficiency:*	

"The above named facility operates and maintains amalgam separators in accordance with all manufacturers' instructions, including regular inspections and waste disposal practices:" • *Through a third party service provider (provide service provider contact information):* *Company Name:* *Address:* *Telephone #:* *Email Address:* • *Or, by facility employee(s):*	
"The above named facility has developed and fully implemented written policies and procedures as described below:" • *A description of the practices employed by the facility to ensure proper operation and maintenance of amalgam separator(s);* • *A prohibition of the discharge of waste amalgam to the sewer system;* • *A prohibition of the use of oxidizing and acidic cleaning products (having a pH lower than 6 or greater than 8) on plumbing fixtures and lines that convey amalgam wastes; and* • *A system of record detention, including maintaining and making available to SVSD, upon request, a copy of this One-Time Compliance Report form.*	

SECTION D – Certification

"I, _____ (a responsible corporate officer, general partner, proprietor, or duly authorized representative of the above named facility), 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."

_____ _____

Signature *Date*

_____

Title

Please complete and return this form to SVSD via mail or hand deliver to:

Pretreatment Coordinator
South Valley Sewer District
1253 W Jordan Basin Lane
PO Box 629
Riverton, UT 84065