



Butler County Water and Sewer
Pretreatment Program
DENTAL DISCHARGERS WITH AMALGAM PROCESS WASTEWATER
ONE-TIME COMPLIANCE REPORT

Instructions

This form is for dental dischargers that place or remove dental amalgam. Dental dischargers that do not place or remove dental amalgam shall complete and submit The One Time Compliance (OTC) Report for Dental Dischargers Without Amalgam Process Wastewater available at <http://des.butlercountyohio.org/content/txtcontent/DentalAmalgam.cfm>.

This form may be completed by a third party on behalf of the dental office, but the submission must be signed by at least one of the following (check the box that applies):

- A responsible corporate officer if the dental office is a corporation;
- A general partner or proprietor if the dental office is a partnership or sole proprietorship; or
- A duly authorized representative of the responsible corporate officer, or general partner or proprietor.

Complete this Report, including required signatures, and mail to:

Butler County Water and Sewer Department
ATTN: Industrial Services
130 High Street
Hamilton, Ohio 45011

A scan of this report can also be submitted by email to mark.smith@bcoho.us or brock.eve@bcoho.us

Keep a copy of this completed form in your file for the duration of ownership.

This completed form is to be submitted to Butler County Water and Sewer by the following deadlines (check the box that applies):

- October 12, 2020**, for facilities which began discharging on or prior to July 14, 2017;
- Within 90 days** after first dental discharge, if the first dental discharge began after July 14, 2017; or
- Within 90 days** after a transfer of ownership.

1) Facility Name: _____

2) Physical Address: _____

3) Mailing Address: Same as physical address

4) Contact Information

Phone number: _____ Email Address: _____

5) What Wastewater Treatment Plant Does This Facility Discharge to (if known)?

6) Name(s) of Owner(s):

Owner First and Last Name	Approximate Ownership Date

7) Name(s) of Maintenance Operator(s) which ensures proper operation and maintenance activities, as described in Item 8 of this form:

Maintenance Operator First and Last Name	Employer / Third-Party Service Provider

If there is not a third-party service provider, attach a brief description of the practices employed by the facility to ensure the proper operation and maintenance in accordance with Item 8 (§ 441.30 or § 441.40) or describe below.

8) Description of Operations at Dental Facility:

- a. Total Number of Chairs:
- b. Total Number of Chairs where Dental Amalgam May Be Present in Resulting Wastewater:
- c. Does the Facility Currently Have Amalgam Removing Unit(s) Installed?
 Yes No

d. If “Yes” to Question 7.c, fill out the following table for *each* amalgam removing unit:

Unit Description	Make	Model	Year of Installation

e. For each existing unit that is not an Amalgam Separator, attach information which demonstrates that:

- The removal efficiency is at least 95% of the mass of solids from all amalgam wastewater, where the removal efficiency must be
 - Calculated in grams recorded to three decimal places, on a dry weight basis;
 - Demonstrated at the maximum water flow rate through the device as established by the device manufacturer’s instructions of use;
 - Determined using the average performance of three samples;
 - Demonstrated using a test sample of dental amalgam that meets the following particle size distribution specifications with a representative distribution of particle sizes:
 - 60% by mass of particles that pass through a 3,150 µm sieve but do not pass through a 500 µm sieve;
 - 10% by mass of particles that pass through a 500 µm sieve but do not pass through a 100 µm sieve; and
 - 30% by mass of particles that pass through a 100 µm sieve.

9) I certify that this facility shall remove dental amalgam solids from all amalgam process wastewater through the installation, operation, and maintenance of one or more amalgam separator(s) or equivalent removal device(s) (check one)

- By July 14, 2020**, for facilities that began discharging wastewater on or prior to July 14, 2017, and do not currently have an amalgam separator in operation.
- By June 14, 2027, or when the amalgam separator is replaced (whichever is sooner)**, for facilities that began discharging wastewater on or prior to July 14, 2017, and had installed its current amalgam separator before June 14, 2017.
- Immediately Upon Discharge**, for facilities that began discharging wastewater after July 14, 2017.

The amalgam-removal unit shall be:

- a. Sized to accommodate the maximum discharge rate of amalgam process wastewater;
- b. In compliance with the specifications in 40 CFR 441.30(a)(1)(i) or 441.30(a)(2)(i-ii), unless it was installed prior to July 14, 2017;
- c. Accompanied by the manufacturer's manual providing instructions for use including the frequency for inspection and maintenance activities;
- d. Inspected in accordance with the manufacturer's operating manual to ensure proper operation and maintenance of the unit and to confirm that all amalgam process wastewater is flowing through the amalgam separating portion of the unit(s);
- e. Repaired consistent with manufacturer instructions or replaced with a unit that meets the requirements in Item 8.a-b as soon as possible, but no later than 10 business days after a malfunction is discovered by the dental discharger, or an agent or representative of the dental discharger; and
- f. Maintained and replaced in accordance with the manufacturer's schedule as specified in the manufacturer's operating manual or when the amalgam retaining unit has reached the maximum level (as specified by the manufacturer in the operating manual), at which the unit can perform to the specified efficiency, whichever comes first.

Signature

Name (Printed)

Title

Date

10) I certify that as this facility is in operation, or until ownership is transferred, this facility (or an agent or representative of the facility) must maintain this One-Time Compliance Report. This facility shall also maintain the manufacturer's operating manual for all current amalgam-removing devices. These documents shall be available for inspection in either physical or electronic form.

In addition, this facility (or an agent or representative of this facility) shall retain and make available for inspection the following physical or electronic records for a minimum of three years:

- a. Documentation of date(s), person(s) conducting the inspection, and results of each inspection of the amalgam-removing unit(s), and a summary of follow-up actions, if needed;
- b. Documentation of amalgam retaining container or equivalent container replacement (including the date, as applicable);
- c. Documentation of all dates that collected dental amalgam is picked up or shipped for proper disposal in accordance with 40 CFR 261.5(g)(3), and the name of the permitted or licensed treatment, storage or disposal facility receiving the amalgam retaining containers;
- d. Documentation of any repair or replacement of amalgam separator or equivalent device, including the date, person(s) making the repair/replacement, and a description of the repair/replacement (including make or model).

Signature

Name (Printed)

Title

Date

11) I certify that this facility is implementing the following Best Management Practices (BMPs) specified in § 441.30(b) or § 441.40(b):

- a. This facility will not discharge waste amalgam to the sanitary sewer lines or publicly owned treatment works. Waste amalgam includes, but is not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices.
- b. Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a sanitary sewer system or publicly owned treatment works must not be cleaned with oxidizing or acidic cleaners that have a pH lower than 6 or greater than 8. Oxidizing or acidic cleaners include but are not limited to bleach, chlorine, iodine, and peroxide.

Signature

Name (Printed)

Title

Date

12) I certify under penalty of law that I have personally examined and am familiar with the information in this report and all attachments. Based on my inquiry of those persons immediately responsible for obtaining the information contained in the report, I believe that the information is true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name (Printed)

Title

Date

13) Other Comments (optional):

Mail this completed form to:
Butler County Water and Sewer
ATTN: Industrial Services
130 High Street
Hamilton, Ohio 45011

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For more information, see Ohio EPA's Webpage for Dental Amalgam Discharges:
<https://www.epa.ohio.gov/dsw/pretreatment/index#170115162-dental-effluent>