Water Utilities Department
Pretreatment & Laboratory Services (PALS)
2018 Annual Mercury Best Management Practice (BMP) Compliance Report

CITY OF DALLAS

ALL facilities MUST complete:

Dental Facility Name: _____ Mercury BMP ID: _____

Full Name(s) of Doctor(s) at Practice: _____

_____

Facility (physical) Address: _____

City, State, Zip: _____

Telephone: _____ Email: _____

Mailing Address (if different from above): _____

City, State, Zip: _____

Operator/owner: _____ Contact: _____

NOTE: Transfers of ownership of a dental practice must submit a compliance report within 90 days of the transfer of ownership.

EXCLUDED DENTAL FACILITIES: Complete Section I, then continue to Section VI.

CERTIFICATION OF EXCLUDED DENTAL DISCHARGER CATEGORY

SECTION I

"I certify that this office practices one or more of the following practices exclusively: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, prosthodontics, or mobile facilities."

_____

(Dentist Name) (SIGNATURE) (DATE)

Facilities that do not place/remove amalgam, complete Section II, THEN PROCEED TO Section VI

SECTION II

CERTIFICATION OF NON-USE AND REMOVAL OF DENTAL AMALGAM:

"I certify that this office does not use or remove dental amalgam with/from its patients. I further certify that at this time, and in the future, no discharges of federally regulated process wastewater (dental amalgam) will be permitted to come from this location. I am certifying a "ZERO DISCHARGE" status of dental amalgam and/or dental amalgam waste except in limited emergency or unplanned, unanticipated circumstances. I will notify PALS immediately of any changes in operation at this location resulting in the potential for discharge of federally regulated process wastewater."

_____

(Dentist Name) (SIGNATURE) (DATE)

Dental facilities not described in Sections I or II above MUST complete Sections III - VI.

SECTION III

DESCRIPTION OF DENTAL PRACTICE & CERTIFICATION OF AMALGAM SEPARATOR COMPLIANCE

Total Number of dental chairs: _____ Chairs where dental amalgam may be present: _____

Description of wastewater (check all that apply):

☐ **Domestic** ☐ **Dental wastewater**

☐ **Other: _____**

Description of amalgam separator(s) present at facility: **No Amalgam Separator Installed Check Here** ☐

Estimated Installation Date: _____

MAKE: _____ MODEL: _____

SIZE: _____ INSTALLATION DATE: _____

COMPLIANCE DESIGNATION (ANSI/ADA 108-2009: TA 2011 OR ISO 11143: 2008): _____

NOTE: For facilities incorporating more than one separator, please include the above information for all amalgam separators in operation at the facility as necessary using provided form.

FOR THOSE FACILITIES WITH AN EXISTING AMALGAM SEPARATOR(S) (initial):

_____ My facility has one or more existing amalgam separators installed prior to July 14, 2017 at the following number of chairs at which amalgam placement or removal occurs [____]. I understand that it must be replaced with one or more ANSI/ADA 108-2009: TA 2011 or ISO 11143:2008 compliant amalgam separators, after its lifetime has ended, and no later than July 14, 2027.

SECTION IV

OPERATION AND MAINTENANCE

Note for Operation and Maintenance Section: Attach separate inspection log AND all bills of sale/invoices from services for amalgam separator(s) for each unit installed at the facility to this report using provided form.

Business name of amalgam separator(s) service provider: _____

Contact representative: _____ Phone number: _____

Service provider address: _____

City, State, Zip: _____

If no third-party service provider, provide a brief description of required maintenance practices to ensure compliance with 40 CFR §441.30 & §441.40 for operation and maintenance of device(s) described above:

_____

_____

_____

SECTION V

CERTIFICATION OF ADHERENCE TO BEST MANAGEMENT PRACTICES

"I certify that the above named dental discharger is implementing the following BMPs as specified in §441.30 (b) and §441.40 (b) and will continue to do so.

- ***Waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices is not discharged to a publicly owned treatment works (e.g., municipal sewage system).***
- ***Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a POTW must not be cleaned with oxidizing or acidic cleaners (including, but not limited to bleach, chlorine, iodine and/or peroxide that have a pH lower than 6 or greater than 8) that may increase the leaching of solid mercury."***

_____

(Dentist Name) (SIGNATURE) (DATE)

All facilities MUST complete Section VI:

SECTION VI

CERTIFICATION STATEMENT

"I, _____, am a duly authorized representative 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."

Name of Authorized Representative (Type or Print)	**Title**
Signature of Authorized Representative	**Date**

Return this form annually by January 31st to:
City of Dallas Water Utilities Department
Pretreatment and Laboratory Services Division
1020 Sargent Road, Building #2
Dallas, TX 75203
FAX: 214-243-2645 Attn: Mercury BMP
Email: dwupretreatment@dallascityhall.com

For further information on the Mercury BMP program contact:
Environmental Coordinator (P: 214-670-9725)
Pretreatment Coordinator (P: 214-243-2362)