



ALASKA POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DENTAL OFFICE CATEGORY RULE  
ONE-TIME COMPLIANCE REPORT

Please complete this report in duplicate, sign both copies, keep one copy on file at the dental facility and mail the other to:

ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION (DEC)  
Division of Water  
Wastewater Discharge Authorization Program  
Pretreatment Coordinator  
610 University Avenue  
Fairbanks, AK 99709

**WHO MUST COMPLETE THIS REPORT:**

This One-Time Compliance Report must be completed by all dental offices subject to the Dental Office Category Rule [40 CFR Part 441](#) that discharge to a publicly owned treatment works (POTW) without an approved pretreatment program. See Section H for further instructions on who must complete this report and a list of POTWs with approved pretreatment programs.

**DEADLINES:**

Dental dischargers that were discharging to a POTW prior to July 14, 2017, must be in compliance with the Dental Office Category Rule at [40 CFR Part 441](#) and submit a One-Time Compliance Report certifying such by October 12, 2020.

Dental dischargers whose first discharge to a POTW occurs after July 14, 2017, must be in compliance with the Dental Office Category Rule at [40 CFR Part 441](#) immediately and submit a One-Time Compliance Report certifying such within 90 days after first discharge to the POTW.

If a dental facility discharging to a POTW prior to July 14, 2017 transfers ownership, the new owner must submit a new One-Time Compliance Report by October 12, 2020. If the transfer occurs after July 15, 2020, the report must be submitted no later than 90 days after the transfer of ownership.

Only one report is required per office. A new report is not required if the owner remains, but other dentists practicing in the office change, dental equipment is replaced, or a new amalgam separator is installed.

**SECTION A- FACILITY INFORMATION**

Facility Name

Physical Address

City:

State:

Zip:

Mailing Address if Different from Physical Address

City:

State:

Zip:

|                                                                                  |                                                                                                                                                                                                                                                                                   |        |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Facility Owner (provide an additional facility contact if different from owner)  |                                                                                                                                                                                                                                                                                   |        |
| First Name:                                                                      | Last Name:                                                                                                                                                                                                                                                                        | Title: |
| Phone:                                                                           | Email:                                                                                                                                                                                                                                                                            |        |
| First Name:                                                                      | Last Name:                                                                                                                                                                                                                                                                        | Title: |
| Phone:                                                                           | Email:                                                                                                                                                                                                                                                                            |        |
| Operator (if different from owner)                                               |                                                                                                                                                                                                                                                                                   |        |
| First Name:                                                                      | Last Name:                                                                                                                                                                                                                                                                        | Title: |
| Phone:                                                                           | Email:                                                                                                                                                                                                                                                                            |        |
| <b>SECTION B- APPLICABILITY</b>                                                  |                                                                                                                                                                                                                                                                                   |        |
|                                                                                  | This facility is a dental discharger subject to the Dental Office Category Rule ( <a href="#">40 CFR Part 441</a> ) and it places or removes dental amalgam.<br><i>(Complete sections A - G)</i>                                                                                  |        |
|                                                                                  | This facility is a dental discharger subject to the Dental Office Category 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 A, B, and G only)</i> |        |
| <b>Type of report: New Facility, Transfer of Ownership, or Existing Facility</b> |                                                                                                                                                                                                                                                                                   |        |
|                                                                                  | This facility is submitting this One-Time Compliance Report because it began business after July 14, 2017.                                                                                                                                                                        |        |
|                                                                                  | This facility is submitting this One-Time Compliance Report because it changed owners after July 14, 2017.                                                                                                                                                                        |        |
|                                                                                  | This facility is submitting this One-Time Compliance Report in compliance with the October 12, 2020 deadline.                                                                                                                                                                     |        |

|                                                                                                                                          |    |                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------|
| <b>SECTION C- DESCRIPTION OF FACILITY</b>                                                                                                |    |                                                                                                                               |
| 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): |    |                                                                                                                               |
| YES                                                                                                                                      | NO | The facility discharged amalgam process wastewater prior to a POTW prior to July 14 <sup>th</sup> , 2017 under any ownership. |

|                                                                         |                                                                                                                                                                                                                                                                                                                                |                                                                            |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>SECTION D- DESCRIPTION OF AMALGAM SEPARATOR OR EQUIVALENT DEVICE</b> |                                                                                                                                                                                                                                                                                                                                |                                                                            |
|                                                                         | This facility has installed one or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators (or equivalent devices) that capture all amalgam containing waste at which amalgam placement or removal may occur. (List devices to the right, and provide details on the make, model, and year of installation, below.) | Device #:<br>Device #:<br>Device #:<br>Device #:<br>Device #:<br>Device #: |

|                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                              | This facility installed prior to June 14, 2017 one or more existing amalgam separators that met applicable standards when installed (e.g. 11143:1999), but do not meet the above criteria. (List devices to the right, and provide details on the make, model, and year of installation, below.)                                                                                                                | Device #:<br>Device #:<br>Device #:<br>Device #:<br>Device #:<br>Device #: |
| <i>I understand such separators may continue to be used for up to ten years but must be replaced with amalgam separators that meet the new criteria by June 14, 2027 (ref. <a href="#">§ 441.30(a)(1)</a> or <a href="#">§ 441.30(a)(2)</a>), or after their useful life has ended, whichever is sooner.</i> |                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |
|                                                                                                                                                                                                                                                                                                              | This facility operates one or more "equivalent devices".<br><i>I certify that the listed devices satisfy the requirements of <a href="#">§ 441.30(a)(1)(i)</a> and (ii).</i><br>(List devices to the right and indicate the average removal efficiency of each equivalent device as determined per <a href="#">§ 441.30(a)(2)i- iii</a> . Provide details on the make, model, and year of installation, below.) | Device #:<br>Efficiency %:<br>Device #:<br>Efficiency %:                   |

**Details of Device #s Referenced Above**

| Device # | Make | Model | Year of Installation |
|----------|------|-------|----------------------|
| 1        |      |       |                      |
| 2        |      |       |                      |
| 3        |      |       |                      |
| 4        |      |       |                      |
| 5        |      |       |                      |
| 6        |      |       |                      |

**SECTION E- DESIGN, OPERATION AND MAINTENANCE OF AMALGAM SEPARATOR OR EQUIVALENT DEVICE**

|                                                                                                                                                                                                |                                                                                                                                                                                                      |                                                                                                                                                                                                                                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                | <i>I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in <a href="#">§ 441.30</a> or <a href="#">§ 441.40</a>.</i> |                                                                                                                                                                                                                                            |  |
| Is there a third-party service provider under contract with this facility to ensure proper operation and maintenance in accordance with <a href="#">§ 441.30</a> or <a href="#">§ 441.40</a> ? |                                                                                                                                                                                                      |                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                | IF YES                                                                                                                                                                                               | Provide name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device:                                                                                                                |  |
|                                                                                                                                                                                                | IF NO                                                                                                                                                                                                | If none, describe below the practices employed by the facility to ensure proper operation and maintenance in accordance with <a href="#">§ 441.30</a> or <a href="#">§ 441.40</a> .                                                        |  |
|                                                                                                                                                                                                |                                                                                                                                                                                                      |                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                | YES                                                                                                                                                                                                  | I understand that per <a href="#">40 CFR 441.50(b)</a> , I or my agent or representative must keep the following maintenance records for three years, in either physical or electronic form, and make these available to DEC upon request. |  |

Maintenance Records:

- (1) For each separator or equivalent device: The dates the device was inspected, the person(s) conducting the inspection, and what the inspection found, including any needed follow-up actions.
- (2) Dates when an amalgam retaining container was replaced.
- (3) Dates when dental amalgam wastes were collected or shipped for proper disposal, the company receiving the amalgam retaining containers, and the hazardous waste manifest if one was generated.
- (4) Details of any repair or replacement of an amalgam separator or equivalent device including the date, person(s) doing the work, the repair, and make and model of any new device.
- (5) The manufacturer's operating manual for each amalgam separator device in use (physical or electronic form)

YES

*I understand that while in business, until ownership is transferred, I must keep a copy of this report at the dental facility and make it available to DEC upon request. ([§ 441.50\(a\)\(5\)](#))*

**SECTION F- BEST MANAGEMENT PRACTICES CERTIFICATIONS**

*I certify that this facility is implementing the following best management practices as specified in [§ 441.30\(b\)](#) or [§ 441.40](#) and will continue to do so.*

- 1) No waste amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices shall be discharged to the sanitary sewer **and**
- 2) Cleaners used for water lines, chair-side traps, and vacuum lines connected to the amalgam separator shall not contain acidic or oxidizing agents including bleach, chlorine, iodine and peroxide. Cleaners shall have a pH value of between 6 and 8 standard units.

**SECTION G- CERTIFICATION STATEMENT**

*"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."*

Signature

Title

Printed Name

Date

**Please complete this report in duplicate, sign both copies, keep one copy on file at the dental facility and mail the other to the DEC address located on page 1.**

**SECTION H- GENERAL INSTRUCTIONS:****WHICH DENTAL FACILITIES MUST REPORT UNDER THIS RULE:**

Dental offices that place or remove amalgam on a regular or periodic basis and discharge wastewater to a POTW must complete all sections of the report. Dental offices that don't place or remove amalgam except in limited emergency or unplanned, unanticipated circumstances only need to complete sections A, B, and G. Dentists in the following specialties are exempt from the Dental Office Category Rule and are not required to submit any reports to DEC: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics. Specialized mobile self-contained vans, trailers, or equipment used in providing dentistry services at multiple locations, are also not subject to the Dental Office Category Rule and are not required to submit the one-time compliance report.

**PUBLICLY OWNED TREATMENT WORKS IN ALASKA WITH APPROVED PRETREATMENT PROGRAMS:**

Dental offices discharging to one of the POTWs listed below should send a One-Time Compliance Report to their POTW in the format that the POTW has developed or proscribed for use.

| Publicly Owned Treatment Works                                             | Contact Name | Email                         |
|----------------------------------------------------------------------------|--------------|-------------------------------|
| John M. Asplund Wastewater Treatment Facility                              | Mario Croce  | Mario.Croce@awwu.biz          |
| City of Fairbanks and Golden Heart Utilities Wastewater Treatment Facility | James Caslin | james.caslin@akwater.com      |
| City of North Pole Wastewater Treatment Facility                           | Paul Trissel | northpoleutilites.@alaska.net |

**ADDITIONAL INFORMATION**

The Federal Register notice for the Dental Office Category Rule, along with other information, can be found at <https://www.epa.gov/eg/dental-effluent-guidelines>

For questions or more information regarding the Dental Office Category Rule contact Marie Klingman, Pretreatment Coordinator at [marie.klingman@alaska.gov](mailto:marie.klingman@alaska.gov) or (907) 451-2101