



**KANSAS ONE-TIME COMPLIANCE REPORT
FOR DENTAL DISCHARGERS
To Comply with 40 CFR 441.50**



Effluent Limitations Guidelines and Standards for the Dental Office Category

Immediate action requested

Complete and send this form to the Kansas Environmental Assistance Program, 2323 Anderson Ave., Suite 300, Manhattan, KS 66502 or to amalgamrule@ksu.edu or

Complete and submit the [online version](http://www.sbeap.org/dental_amalgam_rule) at www.sbeap.org/dental_amalgam_rule

For questionnaire inquiries or more information, email amalgamrule@ksu.edu or call 800 578 8898.

General Information

Name of Facility			
Physical Address of Dental Facility			
City:		State:	
Zip:			
Mailing Address of Dental Facility			
City:		State:	
Zip:			
Primary Facility Contact			
Phone:		Email:	
Names of Owner(s):			
Names of Operator(s) if different from Owner(s):			

Applicability: Please select all that apply.

<input type="checkbox"/>	(i) This facility is a dental discharger subject to this rule (40 CFR Part 441) as it places or removes dental amalgam. <i>Complete sections A, B, C, D and E.</i>
<input type="checkbox"/>	(ii) This practice is a dental discharger subject to this rule and (1) it does not place dental amalgam, and (2) it does not remove amalgam except in limited emergency or unplanned unanticipated circumstances (amalgam is removed at a frequency that is < 5% of its procedures).
<input type="checkbox"/>	(iii) This facility exclusively practices one or more specialties listed in §441.10 (oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics or prosthodontics) and, therefore, §441.50 does not apply.
<input type="checkbox"/>	(iv) This facility is a mobile unit.
<input type="checkbox"/>	<i>I understand if the nature of the practice changes such that it becomes subject to this rule, the facility must comply immediately with the standards of this rule and submit a new one-time compliance report within 90 days of its operation. If you select either (ii), (iii) or (iv), complete only section A and E.</i>

(Also, select if applicable) Transfer of Ownership ([§ 441.50\(a\)\(4\)](#))

<input type="checkbox"/>	This facility is a dental discharger subject to this rule (40 CFR Part 441), and it has or may have submitted a One-Time Compliance Report under the previous ownership. This facility is submitting a new One-Time Compliance Report because of a transfer of ownership as required by § 441.50(a)(4).
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Section A

Description of facility: Please select all that apply.

Total number of chairs		
Total number of chairs at which amalgam may be placed or removed		
Existing or New Dentists		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	This facility discharged amalgam process wastewater <u>prior</u> to July 14, 2017, under any ownership.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	This facility discharged amalgam process wastewater <u>after</u> to July 14, 2017, under any ownership.

Section B

Description of amalgam separator or equivalent device: Please select all that apply.

<input type="checkbox"/>	This dental facility has installed one or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators (or equivalent devices) that captures all amalgam-containing waste at the following number of chairs at which amalgam placement or removal may occur: <input style="width: 50px;" type="text"/>		
<input type="checkbox"/>	This dental facility installed, prior to June 14, 2017, one or more existing amalgam separators that do not meet the requirements of § 441.30(a)(1)(i) and (ii) at the following number of chairs at which amalgam placement or removal may occur: <input style="width: 50px;" type="text"/>		
<input type="checkbox"/>	I understand such separators must be replaced with one or more ISO 11143-compliant amalgam separators (or equivalent devices) after their useful life has ended, and no later than June 14, 2027, whichever is sooner.		
<input type="checkbox"/>	Check here if your facility operates an amalgam separator that is ISO 11143- (or ANSI/ADA 108-2009) compliant.		
	Make	Model	Year of installation
<input type="checkbox"/>	Check here if your facility operates an equivalent device.		
	Make	Model	Year of installation
			Average removal efficiency of equivalent device, as determined per 40 CFR 441.30(a)(2)i-iii.

Section C

Design, Operation and Maintenance of Amalgam Separator/Equivalent Device: Please select all that apply.

<input type="checkbox"/>	Yes	I certify the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements of § 441.30 or § 441.40 .	
<input type="checkbox"/>	No		
<input type="checkbox"/>	Not certain		
Is a third-party service provider under contract with this facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40 ?			
<input type="checkbox"/>	Yes	Name of third-party service provider (e.g. company name) that maintains the amalgam separator or equivalent device (if applicable):	
<input type="checkbox"/>	No	If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40 .	
<i>Describe practices:</i>			

Section D

Best Management Practices Certifications: Please select all that apply.

<input type="checkbox"/>	The above named dental discharger is implementing the following best management practices as specified in § 441.30(b) or § 441.40(b) and will continue to do so:
<input type="checkbox"/>	<ul style="list-style-type: none"> • 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).
<input type="checkbox"/>	<ul style="list-style-type: none"> • Dental unit water lines, chair-side traps and vacuum lines that discharge amalgam process wastewater to a publicly owned treatment works (e.g., municipal sewage system) must not be 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 (i.e. cleaners that may increase the dissolution of mercury).

Section E- Authorized Representative Signature

"I am a responsible corporate officer, 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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations."

Authorized Representative Name (print name):			
Phone:		Email:	
Authorized Representative Signature		Date	

Retention Period, per [§ 441.50\(a\)\(5\)](#)

As long as a dental facility subject to this part is in operation, or until ownership is transferred, the dental facility, or an agent or representative of the dental facility, must maintain a copy of this One Time Compliance Report and make it available for inspection in either physical or electronic form.

Immediate action requested

**Submit One-Time Compliance Report to-
Kansas Small Business Environmental Assistance Program**

2323 Anderson Ave., Suite 300
Manhattan, KS 66502

OR

Email: amalgamrule@ksu.edu

OR

Fill and submit online at [www.sbeap.org/dental amalgam rule](http://www.sbeap.org/dental_amalgam_rule)

For additional reference, follow [Dental Effluent Guidelines](#) on the EPA website.

For technical assistance, call 800 578-8898 (sbeap.org) or e-mail amalgamrule@ksu.edu.

K-State PPI operates the **Kansas Small Business Environmental Assistance Program (SBEAP)** whose goal is to assist small businesses (approximately 100 employees or less) with understanding and complying with environmental regulations. In addition to on-site assistance, PPI hosts various webinars and trainings on specific environmental regulations. Training videos, environmental tools and publications are located throughout our website.

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