



Dental Amalgam Program

One-Time Compliance Report

Mail to: City of Stockton, Municipal Utilities Department
 Environmental Control Division
 2500 Navy Drive, Stockton, CA 95206-1147

<p>Check all that apply:</p> <p><input type="checkbox"/> New Source - if first discharge to the City of Stockton sewer system occurred after July 14, 2017. Compliance deadline: immediate.</p> <p><input type="checkbox"/> Existing Source - if first discharge to the City sewer system occurred on or before July 14, 2017. Compliance deadline: July 14, 2020.</p> <p><input type="checkbox"/> Change of Ownership - new owner must submit this form to City of Stockton within 90 calendar days after ownership change.</p> <p>"I hereby certify that the amalgam separator(s) or equivalent device(s) at this dental facility is designed and will be operated and maintained to meet the requirements specified in 40 CFR §441.30 or §441.40 and that this dental facility is implementing best management practices and report and recordkeeping requirements specified in 40 CFR §441.30(b) and §441.50 and will continue to do." (this certification is required for all new sources within 90 days after first discharge, existing sources by Oct. 12, 2020 and changes of ownership within 90 days)</p>									
<p><input type="checkbox"/> Exempt - if dental discharger does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances.....</p> <p>"I hereby certify that this dental facility does not place dental amalgam and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances."</p>									
<p><input type="checkbox"/> Exempt - if dental discharger <u>exclusively</u> practices one or more of the following specialties (check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Oral pathology</td> <td style="width: 33%;"><input type="checkbox"/> Oral and maxillofacial radiology</td> <td style="width: 33%;"><input type="checkbox"/> Oral and maxillofacial surgery</td> </tr> <tr> <td><input type="checkbox"/> Orthodontics</td> <td><input type="checkbox"/> Periodontics</td> <td><input type="checkbox"/> Prosthodontics</td> </tr> </table>				<input type="checkbox"/> Oral pathology	<input type="checkbox"/> Oral and maxillofacial radiology	<input type="checkbox"/> Oral and maxillofacial surgery	<input type="checkbox"/> Orthodontics	<input type="checkbox"/> Periodontics	<input type="checkbox"/> Prosthodontics
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<input type="checkbox"/> Orthodontics	<input type="checkbox"/> Periodontics	<input type="checkbox"/> Prosthodontics							
<p><input type="checkbox"/> Exempt - if dental wastewater discharge is exclusively from mobile dental unit(s)</p>									
<p><input type="checkbox"/> Exempt - if dental discharger does not discharge any amalgam process wastewater to the sewer system</p>									
Facility Name:		Phone:							
Physical Address:		Zip Code:							
Mailing Address:		Zip Code:							
Facility Operator Name:		Phone:							
Facility Owner Name:		Phone:							
Total number of chairs:									
Total number of chairs at which dental amalgam may be present in the resulting wastewater:									
Existing amalgam separator(s) or equivalent device(s) currently operated (specify below).....									
Make:									
Model:									
Year of installation:									
Name of the third-party service provider that maintains the amalgam separator(s) or equivalent device(s) operated at this dental facility, if applicable:									
Brief description of the practices employed by this dental facility to ensure the amalgam separator(s) or equivalent device(s) are properly operated and maintained in accordance with 40 CFR §441.30 or §441.40:									
<p>This report must be signed by a responsible corporate officer, a general partner or proprietor if the dental discharger is a partnership or sole proprietorship, or a duly authorized representative in accordance with the requirements of 40 CFR §403.12(l)</p> <p><i>"I 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 persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, and 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."</i></p>									
Print Name:		Title:							
Signature:		Date:							