Sumner – Bonney Lake Joint Pretreatment Program
1104 Maple Street, Sumner, WA 98390
Office: 253-299-5760

Sumner - Bonney Lake Joint Pretreatment Program
Dental Dischargers Compliance Certification

For Office Use Only			
Date Application Received:		Permit Number	
Date Application Reviewed		Jurisdiction	
Date App Deemed Complete:		Sewer Account Number	

General Instructions

1. Submit a completed report for each dental facility.
2. Provide typed or neatly printed answers to all questions. Include the required attachments.
3. Is a section does not apply to your operation, indicate with an "N/A."
4. On those sections that apply to your business but for which you do not have the information requested, please provided an explanation.
5. Use additional pages, if needed.
6. There is no application fee.
7. Keep a copy of the completed report for your records, and send the completed, signed original report and attachments to:

City of Sumner Public Works Department
Attn: Sumner - Bonney Lake Joint Pretreatment Program
1104 Maple Street
Sumner, WA 98390

If you have questions regarding this form or the permit application process, please call the SBL Joint Pretreatment Program at **(253) 299-5760** or email SBLpretreatment@sumnerwa.gov

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Publicly Owned Treatment Works (POTW) Receiving Discharge:	
☐ City of Sumner	☐ City of Bonney Lake

Section A: General Information

1. Addresses and Contacts

Name of Facility	
Name of Owner and Operator	
Physical Address of Dental Facility	Site Address City, State Zip Code
Mailing Address	Mailing Address City, State Zip Code

Provide information for at least two contact persons knowledge with this report, include additional Dentists.

Contact Name	Job Title	Contact Role	Phone Number	E-mail Address

Section B: Applicability

Please select one or the other:

☐	This dental facility is a dental discharger subject to this rule (40 CFR Part 441) and it places or removed dental amalgam. (Complete Sections A, B, C, D, and E)
☐	This dental facility does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. (Complete Section E only)
Type of Report: New facility, Transfer of Ownership, or Existing Facility – Select One (40 CFR Part 441.50)	
☐	This facility is submitting this Compliance Report because it began business after July 14, 2017.
☐	This facility is submitting this Compliance Report because it changed owners after July 14, 2017.
☐	This facility is submitting this Compliance Report in compliance with the October 12, 2020, deadline.

Section C: Description of Amalgam Separator or Equivalent Device

☐	This facility has installed one or more ISO 11143:2008 (or ANSI/ADA 108-2009) compliant amalgam separators that capture all amalgam containing waste for the listed number of chairs at which amalgam placement or removal may occur:	Device #:_____ Device #:_____ Device #:_____
☐	This facility installed, prior to June 14, 2017, one or more amalgam separators that met applicable standards when installed (e.g. ISO 11143:1999), but do not meet the above criteria. These devices capture wastes from the listed number of chairs at which amalgam placement or removal may occur.	Device #:_____ Device #:_____ Device #:_____
	☐ I understand such separators may continue to be sued for up to ten years but must be replaced with amalgam separators that meet the new criteria by June 14, 2027 (ref. 441.30(a)(1) or SS 441.30(a)(2))	
☐	This facility operates one or more "equivalent devices." ☐ I certify that the listed devices satisfy the requirements of 40 CFR 441.30(a)(1)(i) and (ii). (note at right the average removal efficiency of each equivalent device, as determined per 40 CFR 441.30(a)(2)(i-iii)	Device #:_____ % Efficiency: _____ Device #:_____ % Efficiency: _____ Device #:_____ % Efficiency: _____

Details of Devices #'s Referenced above:

#	Make	Model	# of Chairs Connected	Year of Installation
1				
2				
3				
4				
5				

Section D: Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

☐	YES	I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in 40 CFR SS441.30 or SS441.40.	
Is a third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with 40 CFR SS 441.30 or SS441.40.			
☐	IF YES	Provide name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):	
☐	IF NO	If none, describe below the practices employed by the facility to ensure proper operation and maintenance in accordance with 40 CFR SS 441.30 or SS441.40.	
Describe practices:			
☐	YES	I understand that per 40 CFR 441.50(b) 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 for inspection by Ecology and the POTW (sanitary sewer provider) for this facility: 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 HW 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 manufacturers 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 for inspection. § 441.50(a)(5).	

Section E: Best Management Practices (BMP) Certifications

☐	I certify that this facility Is implementing the following best management practices and will continue to do so: (ref: § 441.30(b) and § 441.40) 1. We ensure no waste amalgam is discharged to the sanitary sewer (e.g. from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices) and 2. We ensure cleaners used for water lines, chair side traps, and vacuum lines connected to the amalgam separator are not oxidizing or acidic including beach, chlorine, iodine, and peroxide with a pH below 6 or above 8 (i.e. cleaners that may increase the dissolution of mercury).

Section F: Certification Statement

"I am a responsible corporate officer (for corporations), or a general partner, proprietor, or duly authorized representative (for partnerships or sole proprietorships). 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 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 Corporate Officer, General Partner, Proprietor, or Authorized Representative attesting to the above statement (print):			
Phone:		Email:	
Signature of Named Representative (above)		*Date (above)*	

Clarifications:

Per § 441.50(a)(2), the One-Time Compliance Report must be signed and certified by a responsible corporate officer (for corporations), a general partner, proprietor, or duly authorized representative (if the dental facility is a partnership or sole proprietorship) as defined per § 403.12(l)).

"Responsible Corporate Officer" means: (i) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or a person who performs similar policy- or decision making functions for the corporation, or (ii) The facility manager or environmental manager when empowered to gather and attest to accuracy of information and where authority to sign documents has been assigned or delegated to them according to corporate procedures.

"Duly authorized representative" means the representative of the owner or general partner where: (i) The authorization is made in writing by the owner or general partner and specifies the individual or position responsible for the overall operation of the facility from which the Dental Discharge originates, or having overall responsibility for environmental matters; and (ii) the written authorization is submitted to the Control Authority with the One-Time Compliance Report (attach *.pdf file to electronic filing).

For subsequent reports from Dental Dischargers required within 90-days after a change of ownership (40 CFR 441.50(a)(4)): If a change of ownership report is submitted by a "duly authorized representative", the representative must meet the definition above AND a new written authorization must be sent by attachment (by *.pdf format electronically) with the report.

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 the One Time Compliance Report and make it available for inspection in either physical or electronic form.

Section F: Certification Statement (continued)

Use for the **Appointment of Duly Authorized Representative by Dental Dischargers:** As an owner or general partner with the authority to make the appointment of a duly authorized representative, I delegate, effective until revoked or (date), the authority in the below named individual to submit reports required under the Clean Water Act and implementing state and local rules.	
Name of Owner or General Partner:	
Name of Duly Authorized Representative:	
Signature of Owner or General Partner:	

Signature of Representative (optional signature for use in validating future reports):	

Keep a copy of the completed report for your records, and send the completed, signed original report and attachments to:

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Attn: Sumner - Bonney Lake Joint Pretreatment Program
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Sumner, WA 98390

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