
Enter the legal business name of the company that is responsible for the business activities at this facility (for example, XYZ Industries Inc.). If the company has a trade name in addition to the business name, include this name at the end of the legal business name as a "Doing Business As (DBA)" (for example, XYZ Industries Inc. dba The Food People).

Unified Business Identification (UBI) number: Enter your UBI number, if known.

Physical address: Enter the full street address of physical location of the facility.

Mailing address: Enter the mailing address for the company, if different than the facility address.

Facility phone: Enter the primary (main) telephone number for the facility.

Facility e-mail: Enter the primary e-mail address, if available, for the facility.

Date dental business operations established at this location: Provide the date dental operations began at this facility (even if it was before the date the current ownership took over).

Effective date of most recent ownership transfer of dental business: Provide the most recent date that the current ownership of the business took over the dental facility.

Name(s) of operator(s) and/or owner(s): Provide the names of the operator(s) and/or owner(s) of the facility.

Contact name, title, phone and e-mail: Enter the name, title, telephone number and e-mail address of a person who is thoroughly familiar with the information reported in this survey and who can be contacted by City of Everett, Industrial Pretreatment staff.

Description of the operations performed at this dental facility: Provide a description of all activities that are performed at this facility. Examples include: general dentistry, endodontics, oral pathology, etc. Please also include any other information that may be helpful in determining if this facility would meet any qualifications for an exemption from 40CFR Part 441.

SECTION V : Exemptions

For this section, please determine if any of the four exemptions apply to the facility. If they do, you must check and initial the box next to the exemption that applies, and you may proceed to Section 4. If no exemption applies, check the box and initial next to "There are no exemptions that apply" and continue to Section 3.

SECTION 3: Description of Dental Office Equipment and Practices

Total number of chairs at the facility: Provide the total number of chairs at the facility where dental work is performed.

Total number of chairs at which dental amalgam may be present in the resulting wastewater: Provide the total number of chairs at the facility where any wastewater is generated that may result in dental amalgam discharge.

Location of amalgam separator(s) and/or equivalent amalgam removal device(s): Provide the location of all device(s) used to remove dental amalgam from wastewater discharges.

Amalgam Separator Information: Information for each amalgam separator located at the facility must be provided. Provide the following information on each amalgam separator:

- **Manufacturer name:** Name of manufacturer of the separator.
- **Model:** The model number of the separator.
- **Date installed:** The date the separator was installed at the facility.
- **Number of chairs served:** The number of chairs served by the separator.
- **Compliant with 40 CFR §441.30(a)(1)i-ii?:** Review the provided handout of 40 CFR Part 411 and refer to the mentioned section to verify if the separator is compliant with the rule. If you are unsure, please contact the manufacturer of your separator for information.

Equivalent Amalgam Removal Device Information: Information for each equivalent amalgam removal device located at the facility must be provided. Provide the following information on each device:

- **Manufacturer name:** Name of manufacturer of the device.
- **Model:** The model number of the device.
- **Date installed:** The date the device was installed at the facility.
- **Number of chairs served:** The number of chairs served by the separator.
- **Compliant with 40 CFR §441.30(a)(2)i-iii?:** Review the provided handout of 40 CFR Part 411 and refer to the mentioned section to verify if the separator is compliant with the rule. If you are unsure, please contact the manufacturer of your separator for information.

Does a third-party service provider maintain the amalgam separator(s) and/or equivalent device(s)?: If a third-party service provider does service the separator(s) and/or device(s), check Yes and complete the “Third-Party Service Provider Information” section. If they are not, check No and give a brief description of the practices employed by the facility to ensure proper operation and maintenance of the separator(s) and/or device(s).

Third-Party Service Provider Information: Provide the following information for the third-party service provider, if utilized:

- **Name of provider:** The name of the company or person who provides the service.
- **Contact person name:** Name of the contact for the provider.
- **Address of provider:** The address information you have for the provider.
- **Provider phone and e-mail:** Enter the telephone number and e-mail address for the provider.

As part of this One-Time Compliance Report, the following boxes must be marked and initialed to certify each of the following statements: Refer to the provided handout of 40 CFR Part 441 and verify compliance with the two required statements. If these statements are true, please check and initial the boxes next to each statement. If they are not true, please contact the IPT section for more information.



SECTION 4: Certification Statement

The One-Time Compliance Report must be completed and signed by an authorized representative of the facility/company. An authorized representative of the user is defined in City of Everett Ordinance 3070-08 Section 1.3.F as follows:

- (1) If the user is a corporation:
 - (a) The president, secretary, treasurer, or a vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or
 - (b) The manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;
- (2) If the user is a partnership or sole proprietorship: a general partner or proprietor, respectively;
- (3) If the user is a Federal, State, or local governmental facility: a director or highest official appointed or designated to oversee the operation and performance of the activities of the government facility, or his/her authorized designee.
- (4) The individuals described in paragraphs 1 through 3 above may designate another authorized representative if the authorization is in writing, the authorization specifies the individual or position responsible for the overall operation of the facility from which the discharge originates or having overall responsibility for environmental matters for the company, and the written authorization is submitted to the City.

Again, if you have any questions, please contact the Industrial Pretreatment (IPT) section via phone at (425) 257-8240 or e-mail at pretreatment@everettwa.gov.

Please send the completed survey to:

City of Everett, Public Works
Attn: Industrial Pretreatment (IPT)
3200 Cedar Street
Everett, WA 98201





Section 1: Facility Information

Legal business name:		Unified Business Identification (UBI)#
Physical address:	Mailing address:	
Facility phone:	Facility e-mail:	
Date dental business operations established at this location:	Effective date of most recent ownership transfer of dental business (if applicable):	
Name(s) of operator(s) and/or owner(s):		
Contact name:	Title:	
Contact phone:	Contact e-mail:	
Description of the operations performed at this dental facility:		

Section 2: Exemptions

Based on any of the following criteria, a Dental Discharger may qualify for an exemption from the following: installation, operation, and maintenance requirements of one or more amalgam separator(s) or equivalent device(s); implementation of prescribed best management practices. Please certify the exemption being claimed (on the next page) by checking and initialing the box next to it. If an exemption is claimed, you may proceed to Section 4: Certification Statement.



40 CFR § 441.10 (c) The facility indicated in Section 1 above exclusively practices one or more of the following dental specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.	
40 CFR § 441.10 (d) The facility indicated in Section 1 above is a mobile unit operated by a dental discharger. A mobile unit is defined as a specialized mobile self-contained van, trailer, or equipment used in providing dentistry services at multiple locations.	
40 CFR § 441.10 (e) The facility indicated in Section 1 above does not discharge any amalgam process wastewater to a Publicly Owned Treatment Works (POTW), such as dental dischargers that collect all dental amalgam process wastewater for transfer to a Centralized Waste Treatment facility as defined in 40 CFR part 437.	
40 CFR § 441.10 (f) The facility indicated in Section 1 above is a Dental Discharger that do[es] not place dental amalgam, and do[es] not remove amalgam except in limited emergency or unplanned, unanticipated circumstances, and that certify such to the City of Everett (the Control Authority) as required in 40 CFR § 441.50 (completion of this One-Time Compliance Report).	
There are no exemptions that apply to this facility.	

Section 3: Description of Dental Office Equipment and Practices

Total number of chairs at the facility:	Total number of chairs at which dental amalgam may be present in the resulting wastewater:
Location of amalgam separator(s) and/or equivalent amalgam removal device(s):	

Amalgam Separator Information				
Manufacturer name	Model	Date installed	Number of chairs served	Compliant with 40 CFR §441.30(a)(1)i-ii?*

* Compliant with either the American National Standards Institute (ANSI) American National Standard/American Dental Association (ADA) Specification 108 for Amalgam Separators (2009) with Technical Addendum (2011) or the International Organization for Standardization (ISO) 11142 Standard (2008) or subsequent versions so long as that version requires amalgam separators to achieve at least 95% removal efficiency; and must be sized to accommodate the maximum discharge rate of the amalgam process wastewater.



Equivalent Amalgam Removal Device Information				
Manufacturer name	Model	Date installed	Number of chairs served	Compliant with 40 CFR §441.30(a)(2)i-iii? **

** Removal efficiency is determined by methods outlined in CFR §441.30(a)(2)i-ii; requires removal efficiency of at least 95% of the mass of solids from all amalgam process wastewater; and must be sized to accommodate the maximum discharge rate of amalgam process wastewater.

- Does a third-party service provider maintain the amalgam separator(s) and/or equivalent device(s)? Yes No

Third-Party Service Provider Information	
Name of provider (Legal name, company, or entity):	Contact person name:
Address of provider:	Provider phone:
	Provider e-mail:

If a third-party service provider is **NOT** used, please provide a brief description of practices employed by the facility to ensure proper operation and maintenance of the amalgam separator(s) and/or equivalent device(s) in accordance with 40 CFR §441.30 or §441.40.

- As part of this One-Time Compliance Report, the following boxes **must** be marked and initialed to certify each of the following statements:

“The Dental Discharger identified in this One-Time Compliance Report uses amalgam separator(s) and/or equivalent device(s) that are designed and will be operated and maintained to meet the requirements specified in 40 CFR §441.30 or §441.40.”	
“The Dental Discharger identified in this One-Time Compliance Report is implementing Best Management Practices (BMPs) specified in 40 CFR §441.30(b) or §441.40 and will continue to do so.”	



Section 4: Certification Statement

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Signature of Authorized Representative*:** _____

Printed Name: _____ **Title:** _____ **Date:** _____

***Report must be signed as follows: Corporations, by a responsible corporate officer (president, secretary, treasurer, or vice-president) in charge of principal business function, or any other person who performs similar policy and decision making functions for the corporation; partnership, by a general partner; sole proprietorship, by the proprietor; (ref 40 CFR §403.12(l))

INTERNAL USE ONLY: Date received: _____ Received by: _____

Entered into system by: _____

Business exempt from regulation 40 CFR Part 441? Yes No

Original Form Date: March 23, 2018

Revision: 1

Revised: October 20, 2022

