



DENTAL AMALGAM PROGRAM

Annual Report

For WPCP Use Only

DENTAL PRACTICE: _____

DISCHARGE ADDRESS: _____

DATE RECEIVED: _____

SAN JOSE/SANTA CLARA WATER POLLUTION CONTROL PLANT

DENTAL WASTEWATER DISCHARGE PERMIT ANNUAL REPORT

Dental Wastewater Discharge Permit holders are required to provide an annual summary of amalgam waste and spent fixer solution disposal/recycling. The summary must include amalgam separator maintenance dates and disposal activities performed during the calendar year January 1, 2010 through December 31, 2010.

INSTRUCTIONS

- Complete and sign this report.
- Retain a copy for your records.
- Submit this report to the address below by **January 31, 2011**.

City of San José
Environmental Services Department
700 Los Esteros Road
San José, CA 95134
Attention: Dental Amalgam Program



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January 1, 2010 thru December 31, 2010

Name of Dental Practice: _____ Permit Number: _____

Facility Address: _____

Please provide data for the period covering January 1, 2010 thru December 31, 2010

Dental Amalgam Waste	
Dates of Amalgam Separator Maintenance:	____-/____-/____- ____-/____-/____- ____-/____-/____- ____-/____-/____-
Maintenance services provided by: (indicate name of company/service provider)	_____ Name _____ Address Phone _____
Amalgam Waste Collection Dates (if different from maintenance dates): <input type="checkbox"/> Taken to Santa Clara County Small Quantity Generator Program	_____ ____-/____-/____- ____-/____-/____- ____-/____-/____- ____-/____-/____-
Total Amalgam Waste Disposed/Recycled (including used capsules, traps, screens, etc.):	Amalgam waste: _____ indicate pounds and/or gallons (circle one) Separator canister: _____ indicate pounds and/or gallons (circle one)
Company Collecting Waste for Disposal:	_____ Name _____ Address Phone _____
Spent Fixer Solution	
<input type="checkbox"/> Use Only Digital Equipment (check box)	
Total Volume of Spent Fixer Solution Disposed/Recycled:	_____ Gallons
Company Collecting Fixer Solution for Disposal: <input type="checkbox"/> Taken to Santa Clara County Small Quantity Generator Program	_____ Name _____ Address Phone _____



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LIST NAMES OF ALL DENTISTS PRACTICING AT THIS DENTAL PRACTICE (Please Print)

Name	# Days/Week	Which days of the week on site? (Circle all that apply)	Each MONTH, approximately how many amalgam fillings does this dental professional remove or place?
		M T W Th F Sa Su	#: Placed Removed <input type="checkbox"/> Neither
		M T W Th F Sa Su	#: Placed Removed <input type="checkbox"/> Neither
		M T W Th F Sa Su	#: Placed Removed <input type="checkbox"/> Neither
		M T W Th F Sa Su	#: Placed Removed <input type="checkbox"/> Neither

If you require additional space, please attach a separate list.

<input type="checkbox"/> This dental practice has implemented and is following Best Management Practices for dental amalgam as required for Wastewater Discharge Permit compliance.

CERTIFICATION STATEMENT

Municipal Code requires that reports required by the Director shall be **signed by an Executive Officer of the business filing the report**. Such Executive Officer shall be at least of the level of Vice President, General Partner, President, or an individual responsible for the overall operation of the business, or meet the Federal requirements for NPDES applications as contained in Title 40 of the Code of Federal Regulations.

“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 ensure 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.

This certification statement must be signed by a person who is legally responsible for the practice, usually the practice owner or president.

CERTIFIED BY:

Name (Please Print) *Email*

Title *Phone*

Signature *Date*