



For RWF Use Only

DENTAL PRACTICE: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

## San José-Santa Clara Regional Wastewater Facility DENTAL WASTEWATER DISCHARGE PERMIT APPLICATION

Effective July 14, 2017, all dental practices are required to meet the Federal requirements as contained in Title 40 of the Code of Federal Regulations, Part 403 & 441. Since February 2008, the California Regional Water Quality Control Board has required all Municipal and Industrial Wastewater Dischargers to San Francisco Bay to implement a mercury reduction program that includes reduction of amalgam from dental offices.

In response to these requirements, all dental practices within the service area of the San José-Santa Clara Regional Wastewater Facility are required to obtain a Dental Wastewater Discharge Permit (per your local ordinance). This **complete** application including certifications also satisfies the one-time compliance report as required by the Federal Dental Rule (40 CFR 441.50(a)(1)).

Information about the program and its requirements can be found at: <http://www.sanjoseca.gov/dental> or call: The Dental Amalgam Program at (408) 945-3000

Information provided on this permit application will aid the Dental Amalgam Program in determining which dentists work in partnership/association in the dental practice named in this permit application. One permit will be required for one dental practice.

### INSTRUCTIONS:

- Complete all sections of this permit application and submit the original signed application to the address below at least **30 days** prior to opening the facility. Attach additional page(s) if more space is required.

City of San José  
Environmental Services Department  
200 E. Santa Clara Street, 7<sup>th</sup> floor  
San José, CA 95113  
*Attention: Dental Amalgam Program*

- If required certifications cannot be complete at the time of application submittal, please check the appropriate boxes and submit them within 90 days of permit issuance.
- Transfer of ownership: If a dental practice transfers ownership of the facility, the new owner must submit a new complete permit application no later than 90 days after the transfer.

Note: Inspection of the dental practice may occur to verify information contained in this application.

**SECTION 1 – BUSINESS NAMES AND ADDRESSES**

<b>NAME OF DENTAL PRACTICE:</b>			
<b>LEGAL NAME OF DENTAL PRACTICE:</b>			
<b>SITE ADDRESS OF DENTAL PRACTICE:</b>		<b>MAILING ADDRESS:</b>	
City, State	Zip Code	City, State	Zip Code
<b>NUMBER OF CHAIRS:</b>		<b>DATE CURRENT OPERATION BEGAN:</b>	

<b>PRIMARY PERSON TO BE CONTACTED ABOUT THIS PERMIT APPLICATION:</b>			
Name		Title ( <i>e.g., Dentist, Owner, Office Manager, Property Manager</i> )	
Mailing Address		Phone	
City, State	Zip Code	24-Hour Emergency Phone (Optional)	
E-Mail Address		FAX No.	
Names and contact number of the operator if different from above			

<b>LIST NAMES OF ALL DENTISTS PRACTICING AT THIS DENTAL PRACTICE</b>		
<b>Name</b>	<b># Days/ Week</b>	<b>Days of the week on site? (Check all that apply)</b>
		M T W Th F Sa Su
		M T W Th F Sa Su
		M T W Th F Sa Su
		M T W Th F Sa Su

If there are more dentists in this practice, please attach a separate list.

## SECTION 2 – EXEMPTION FOR DE MINIMUS AMALGAM USE

Federal requirements do not apply to dental practices with specialty practices as listed below per 40 CFR 441.10. If you are seeking designation as an **EXEMPT** dental practice, check the appropriate box(es) below to indicate all specialties that apply to your practice, go to Section 5, sign and submit.

This practice serves the following primary function:

- ( ) Orthodontics    ( ) Oral pathology    ( ) Prosthodontics  
 ( ) Periodontics    ( ) Oral & maxillofacial radiology    ( ) Oral & maxillofacial surgery

Amalgam fillings are removed or placed at this facility only in limited emergency or unplanned, unanticipated circumstances. Include number of amalgam fillings are removed or placed at this facility per calendar year \_\_\_\_\_.

This is a mobile unit operated by a dental practice.

This dental practice does not discharge any amalgam process wastewater to San José-Santa Clara Regional Wastewater Facility. Include method of disposal \_\_\_\_\_.

## SECTION 3 – MANDATORY BEST MANAGEMENT PRACTICES (BMPs) CERTIFICATION

Dental practices are required to implement mandatory Best Management Practices (BMPs) for compliance per 40 CFR 441.30(b) or 40 CFR 441.40(b) and your local ordinance. Check appropriate boxes below to certify that this dental practice has implemented all ten BMPs or will implement these mandatory BMPs and submit this section for BMP certification within 90 days of permit issuance for handling amalgam waste.

Eliminate all use of bulk elemental mercury (also referred to as liquid or raw mercury). Use only pre-capsulated dental amalgam in the smallest appropriate size.

Change or empty chair-side traps frequently and store the trap and its contents with amalgam waste in amalgam waste containers. Never rinse traps in the sink.

Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a POTW 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.

Change vacuum pump filters and screens as needed or as directed by the manufacturer and store them with amalgam waste.

For dry vacuum turbine units, have a qualified maintenance technician, amalgam recycler, or hazardous waste disposal service pump out and clean the air-water separator tank.

Have a licensed recycling contractor, mail-in-service, or hazardous waste hauler remove your amalgam waste or contact the Santa Clara County Conditionally Exempt Small Quantity Generator (CESQG) Program at 1-800-207-8222 ([www.hhw.org](http://www.hhw.org)) to drop off your waste at the collection facility.

### Amalgam waste includes:

- a) Non-contact amalgam (scrap);
- b) Contact amalgam (e.g. carving waste or extracted teeth containing amalgam);

- c) Amalgam or amalgam sludge captured by chair-side traps, vacuum pump filters, screens, and other devices, including the traps, filters, and screens themselves;
- d) Used, leaking or unusable amalgam capsules; and
- e) Used amalgam separator canisters.

Maintain written or computerized logs onsite of amalgam waste generated and of amalgam waste removed from the vacuum system or plumbing.

Store all amalgam in airtight containers.

Never pour fixer solution down the drain. Use a licensed hauler to transport spent x-ray fixer solution to be recycled or managed as a hazardous waste, or contact the Santa Clara County Conditionally Exempt Small Quantity Generator (CESQG) Program at 1-800-207-8222 ([www.hhw.org](http://www.hhw.org)) to drop off your waste at the collection facility.

Train staff in proper handling, management, and disposal of mercury-containing material and fixer-solutions. Maintain a training log.

Or

**I certify that this dental practice will implement mandatory Best Management Practices (BMPs) and submit a *Best Management Practices Certification* form within 90 days of the effective date of the permit.**

#### SECTION 4 – AMALGAM SEPARATOR INSTALLATION CERTIFICATION

Dental practices are required to remove dental amalgam solids from all amalgam process wastewater. Therefore, they are required to install, operate and maintain an approved (ANSI/ADA 108-2009/ ISO 11143-2008) amalgam separator to meet requirements specified in 40 CFR 441.30 or 40 CFR 441.40 and your local ordinance. Please check the appropriate box below:

I certify that this dental practice has an *existing* approved amalgam separator, currently installed which will be operated and maintained as required. I further acknowledge that the existing amalgam separator must be replaced by an approved amalgam separator after its useful life has ended and no later than July 14, 2027, whichever is sooner to meet requirements specified in 40 CFR 441.30 or 40 CFR 441.40 and your local ordinance.

This dental practice has an *existing* unapproved amalgam separator, currently installed which will be operated and maintained as required. The amalgam separator was installed in \_\_\_\_\_ (year of installation). I understand that the existing amalgam separator must be replaced by an approved amalgam separator after its useful life has ended and no later than July 14, 2027, whichever is sooner to meet requirements specified in 40 CFR 441.30 or 40 CFR 441.40 and your local ordinance.

I certify that the vacuum lines from this dental practice are plumbed to another dental practice or to a shared building system and that the required amalgam separator equipment will be installed outside of this dental practice. I understand that all dental practices sharing the same separator are equally responsible for proper functioning of the unit. The following party is taking responsibility of amalgam separator operation and maintenance for us.

The responsible party (e.g. name of landlord or other dental practice) for amalgam separator installation:

Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Note:** Each dental practice is legally responsible for ensuring that an approved amalgam separator has been installed for a shared vacuum system. If the currently installed separator is not on the approved list of amalgam separators found at [www.sanjoseca.gov/dental](http://www.sanjoseca.gov/dental) contact the Dental Amalgam Program at (408) 945-3000.

I certify that this dental practice will install an approved amalgam separator (ANSI/ADA 108-2009/ ISO 11143-2008) within 90 calendar days of the permit effective date, which when tested in accordance with the International Organization for Standardization's (ISO's) standard, attains 95% or more amalgam removal. Include copies of the amalgam separator purchase receipt, manufacturer's operating manual and proof of installation with this form. Upon installation, this dental practice will provide a completed *Amalgam Separator Installation Certification* to the City of San José. The current list of approved amalgam separators can be found at: [www.sanjoseca.gov/dental](http://www.sanjoseca.gov/dental)

Amalgam Separator Information	
Manufacturer Name	
Brand Name / Model	
Date of installation (mm/dd/yyyy)	
Vendor Name	
Vendor Phone	

#### SECTION 5 – CERTIFICATION STATEMENT

Municipal Code requires that all reports required by the Director shall be **signed by an Executive Officer of the business filing the application**. Such Executive Officer shall be at least of the level of a responsible corporate officer, a general partner or proprietor, or a duly authorized representative for the overall operation of the practice applying for the Permit in accordance with Federal requirements of 40 CFR 403.12(l).

"I certify under penalty of law that this document and all attachments were prepared under my supervision. Based on my inquiry of the person 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."

#### CERTIFIED BY:

Printed Name

Email

Title

Phone

Signature

Date

