



## DENTAL AMALGAM PROGRAM Certification Form

**INSTRUCTIONS** Fax or mail this form within 90 days of your Permit effective date

Fax: (408) 271-1930

Mail to: Dental Amalgam Program

200 East Santa Clara St, 7<sup>th</sup> Floor

San José, CA 95113-1905

### **CERTIFICATION OF: AMALGAM SEPARATOR INSTALLATION**

### **CERTIFICATION OF: BEST MANAGEMENT PRACTICES IMPLEMENTATION**

All dental practices located within the San Jose/Santa Clara Water Pollution Control Plant service area that place or remove amalgam fillings more than three times per calendar year may not discharge to the sanitary sewer system from a dental vacuum system unless the discharge has first been processed through an Amalgam Separator.

Complete this form to certify that the dental practice has: 1) Installed an approved Amalgam Separator, and 2) Implemented the Best Management Practices (BMPs) for Dental Amalgam, as required for Dental Wastewater Discharge Permit compliance per the City of San José Municipal Code, Chapter 15.14, Article 5 of the Milpitas Municipal Code, Title VIII, Chapter 2, Santa Clara City Code, Chapter 13.10, Cupertino Sanitary District Operations Code, Chapter 6, Article 3, West Valley Sanitation District Ordinance No. 123, Chapter 7, or County Sanitation District 2 and 3 of Santa Clara County Code. Submit this completed form to the above address **with copies of the purchase receipt and proof of installation for the amalgam separator.**

### **SECTION 1 – Name, Permit Number, and Address**

<b>Dental Practice Name:</b>	
<b>Permit Number:</b>	<b>Permit Effective Date:</b>
<b>Discharge Address of Dental Practice</b> (Street, City, State, ZIP)	
<b>Mailing Address of Dental Practice</b> (if different from Discharge Address) (Street, City, State, ZIP)	



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### SECTION 2 – Amalgam Separator Installation Certification

**NOTE: If you are NOT the responsible party for the amalgam separator, skip to SECTION 3.**

- For new installations, the manufacturer and model must be listed on the current approved amalgam separator list found at: [www.sanjoseca.gov/index.aspx?NID=2327](http://www.sanjoseca.gov/index.aspx?NID=2327) . For questions, contact the Dental Amalgam Program at (408) 945-3000.
- Include a copy of the purchase receipt and proof of installation for the amalgam separator.

### Amalgam Separator Information

<b>Shared Amalgam Separator?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, skip to SECTION 3
<b>Manufacturer Name</b>	
<b>Product Name / Model</b>	
<b>Vendor Name / Phone</b>	
<b>Installation Date</b>	
<b>Proof of Purchase Attached</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:
<b>Proof of Installation Included</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:

### SECTION 3 - Amalgam Separator – Responsible Party for Shared Separator

If you are NOT the responsible party for the amalgam separator that is utilized by your practice, (i.e., you share an amalgam separator with another dental practice or if a Property Manager is responsible for the maintenance of the amalgam separator) please indicate the name and phone number of the responsible party here:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_



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### **SECTION 4 – Mandatory Best Management Practices (BMPs) Certification**

*By checking the boxes below, I certify that this dental practice has implemented the following ten Best Management Practices (BMPs) for handling amalgam waste.*

- 1. We have eliminated all use of bulk elemental mercury (also referred to as liquid or raw mercury) and use only pre-capsulated dental amalgam in the smallest appropriate size.
- 2. We change or empty chair-side traps frequently and store the trap and its contents with amalgam waste. We never rinse traps in the sink.
- 3. We do not use sodium hypochlorite (bleach) or other chlorine containing products to clean vacuum lines.
- 4. We change vacuum pump filters and screens as needed or as directed by the manufacturer, and we store them with the amalgam waste.
- 5. For dry vacuum turbine units, we have a qualified maintenance technician, amalgam recycler, or hazardous waste disposal service pump out to clean the air-water separator tank.
- 6. We use a licensed recycling contractor, mail-in-service, or hazardous waste hauler to dispose of the amalgam waste or we personally deliver the amalgam waste to the Santa Clara County Household Hazardous Waste Small Quantity Generator Program. ([www.hhw.org](http://www.hhw.org))

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.
- 7. We maintain written or computerized logs of amalgam waste generated and amalgam waste removed from the vacuum system or plumbing.
  - 8. We store all amalgam in airtight containers.
  - 9. We NEVER pour fixer solution down the drain. We use a licensed hauler to transport spent x-ray fixer solution to be recycled or managed as a hazardous waste, or personally deliver it to the Santa Clara County Household Hazardous Waste Small Quantity Generator Program. ([www.hhw.org](http://www.hhw.org)).
  - 10. We train staff in proper handling, management, and disposal of mercury-containing material and fixer-solutions and we maintain a log of trainings conducted.

**NOTE: Amalgam waste must never be placed in the regular trash, placed with infectious waste (red bag), or flushed down the drain. Amalgam-containing traps, filters, or screens must never be rinsed over drains or sinks.**



SAN JOSE/SANTA CLARA  
WATER POLLUTION CONTROL PLANT

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**Certification Form**

**SECTION 5 – Certification Statement**

Municipal Code requires that 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 President, Vice President, General Partner, or an individual responsible for the overall operation of the practice applying for the Permit, 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 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:**

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*Name (Print)*

*Email*

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*Title*

*Phone*

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*Signature*

*Date*