



GOLETA SANITARY

Water Resource Recovery District

LIMITED DENTAL DISCHARGER COMPLIANCE REPORT

Dental facilities that do not place dental amalgam, and do not remove dental amalgam except in limited emergency or unplanned, unanticipated circumstances are exempt from any further requirements of the *Dental Office Point Source Category* if they certify such in their Compliance Report to their Control Authority. By limited circumstances, EPA means dental offices that remove amalgam at a frequency less than five percent of its procedures (this percent approximates to 9 removals per office per year). A dental facility that stocks amalgam capsules clearly intends to place amalgam, and therefore does not qualify for the limited circumstance exemption. A dental office that initially certifies as a Limited Dental Discharger and subsequently begins to stock amalgam capsules, or increases the amalgam removal frequency to more than five percent of its procedures, must install an amalgam separator or equivalent treatment in accordance with the Dental Category Rule, and submit GSD's comprehensive *Dental Discharger Compliance Report* form.

DENTAL FACILITY INFORMATION

Date facility began operating:	Existing Source: ⁱ <input type="radio"/>	New Source: <input type="radio"/>
Dental facility name:		
Facility address:		
Facility city:	Zip Code:	
Mailing address:		
Mailing city, state:	Zip Code:	
On-site contact name:		
Contact phone:		
Contact email:		

EXEMPTIONS

If your facility falls under one or more of these exemptions, please check all that apply. If none of these exemptions apply to your facility, you must complete GSD's Dental Discharger Compliance Report.

<input type="checkbox"/> 40 CFR 441.10 (c)
The facility indicated in dental facility information 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.
<input type="checkbox"/> 40 CFR 441.10 (d)
The facility indicated in dental facility information above is a mobile unit operated by a dental discharger.
<input type="checkbox"/> 40 CFR 441.10 (e)
The facility indicated in dental facility information above does not discharge any amalgam process wastewater to the Goleta Sanitary District's sewer collection system, but collects all dental amalgam process wastewater for transfer off-site to a facility that treats the waste (like a Centralized Treatment Facility).
<input type="checkbox"/> 40 CFR 441.10 (f)
The facility indicated in dental facility information above is a Dental Discharger that does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances.

OWNERSHIP INFORMATION

(owner/partner)	(title)

CERTIFICATION FOR DENTAL DISCHARGERS THAT PLACE OR REMOVE AMALGAM

I, _____, _____,
 Print Name Print Title

- am a responsible corporate officerⁱⁱ, a general partner or proprietor (if the facility is a partnership or sole proprietorship), or
- am a duly authorized representativeⁱⁱⁱ in accordance with the requirements of 40 CFR 403.12(l)

certify under penalty of law that the above named dental facility does not place dental amalgam and does not remove dental amalgam, except in limited emergency or unplanned, unanticipated circumstances. 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.

Authorized Representative Signature^{iv}
(Requires Live Signature)

Date

When completed, print, sign, date, make a copy for your records^v, and mail original to:

~AND~

Save a copy of the PDF and email to:

**Goleta Sanitary District
 Dental Amalgam Program/IWC
 1 William Moffett Place
 Goleta, CA 93117**

tkistner@goletasanitary.org

REFERENCES

ⁱ **Existing Source or New Source Determination** – Dental facilities operating prior to July 14, 2017 are considered an Existing Source (PSES) and must submit the compliance report by October 12, 2020. New Dental Dischargers who open for business on or after July 14, 2017 are considered a New Source (PSNS) and must submit the compliance report to GSD within 90 days of discharging to the sanitary sewer system (New Source does not include an ownership change). An Existing Source that changes ownership is required to submit a new compliance report within 90 days. (BACK)

ⁱⁱ **Responsible Corporate Officer (Authorized Representative)**

a) If the applicant or User is a corporation:

(1) 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

(2) The manager of one or more manufacturing production, or operation facilities, provided the manager is authorized to make management decisions that 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 individual wastewater discharge permit requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

b) If the applicant or User is a partnership or sole proprietorship: a general partner or proprietor, respectively.

c) If the applicant or 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 the designee. (BACK)

ⁱⁱⁱ **Duly Authorized Representative (Designated Signatory)**

d) The individuals described in paragraphs (a) through (c) above, as Responsible Officers, may designate an 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 or organization, and the written authorization is submitted to Goleta Sanitary District.

e) An applicant or User not falling within one of the above categories must designate as the Responsible Officer an individual responsible for the overall operation of the facility. The Responsible Officer may designate an Authorized Representative. (BACK)

^{iv} **Signature Requirement** - Per 40 CFR 441.50(a)(2), the Compliance Report must be signed and certified by a responsible corporate officer, a general partner or proprietor if the dental facility is a partnership or sole proprietorship, or a duly authorized representative in accordance with the requirements of 40 CFR 403.12(l). (BACK)

^v **Retention Period:** Per 40 CFR 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 this Compliance Report and make it available for inspection in either physical or electronic form. (BACK)