



DIVISION OF SURFACE WATER
PRETREATMENT PROGRAM
DENTAL DISCHARGERS WITHOUT AMALGAM PROCESS WASTEWATER
ONE-TIME COMPLIANCE REPORT

Instructions

This form is for dental dischargers that do not place or remove dental amalgam except in limited emergency or unplanned, unanticipated circumstances. Dental dischargers that do place or remove dental amalgam shall complete and submit One-Time Compliance Report form for "Dental Dischargers with Amalgam Process Wastewater" available at:

https://www.epa.ohio.gov/Portals/35/pretreatment/OTCReportAmalgam.pdf.

This form may be completed by a third party on behalf of the dental office, but the submission must be signed by at least one of the following (check the box that applies):

- A responsible corporate officer if the dental office is a corporation;
A general partner or proprietor if the dental office is a partnership or sole proprietorship; or
A duly authorized representative of the responsible corporate officer, or general partner or proprietor.

This completed form is to be submitted to Ohio EPA by the following deadlines (check the box that applies):

- October 12, 2020, for facilities which began discharging on or prior to July 14, 2017;
Within 90 days after first dental discharge, if the first dental discharge occurs after July 14, 2017; or
Within 90 days after a transfer of ownership.

Scan this completed form and email it to Phoebe.Low@epa.ohio.gov.

Keep a completed copy of this form in your file for the duration of ownership.

1) Facility Name: _____

2) Physical Address: _____

3) Mailing Address: [] Same as physical address

4) Contact Information

Phone number: _____

Email Address: _____

5) What Wastewater Treatment Plant Does This Facility Discharge to (if known)? _____

6) Name(s) of Owner(s):

Owner First and Last Name	Approximate Ownership Date

7) Name(s) of Maintenance Operator(s), if applicable:

Maintenance Operator First and Last Name	Employer

8) I certify that this dental discharger does not place dental amalgam and does not remove dental amalgam except in limited circumstances.

Signature

Name (Printed)

Title

Date

9) I certify under penalty of law that I have personally examined and am familiar with the information in this report and all attachments. Based on my inquiry of those persons immediately responsible for obtaining the information contained in the report, I believe that the information is true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name (Printed)

Title

Date

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For more information, see Ohio EPA's Webpage for Dental Amalgam Discharges:
<http://www.epa.ohio.gov/dsw/pretreatment/index.aspx> .