



# ONE-TIME COMPLIANCE REPORT

## DENTAL OFFICE POINT SOURCE CATEGORY PSES (40 CFR 441.30) and PSNS (40 CFR 441.40)

Dental Dischargers that have been in business at the current address on or before July 14, 2017 are considered an Existing Source Dental Discharger (PSES 40 CFR 441.30) and must complete this ONE-TIME COMPLIANCE REPORT and submit to the Lafayette City-Parish Consolidated Government (LCG) Pretreatment Section on or before OCTOBER 12, 2020.

Dental Dischargers whose first discharge to the LCG sewer system occurs after July 14, 2017 are considered a New Source Dental Discharger (PSNS 40 CFR 441.40) and must complete this ONE-TIME COMPLIANCE REPORT and submit to the LCG Pretreatment Section no later than 90 days following the introduction of wastewater into the LCG sewer system.

Once completed, please mail this report to:

**Lafayette City-Parish Consolidated Government  
Environmental Compliance Division (7015)  
Attention: Pretreatment Section Supervisor  
P. O. Box 4017-C  
Lafayette, La. 70502**

### SECTION A: FACILITY INFORMATION

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| Facility Name                                      |
| Physical Address:                                  |
| Mailing Address:                                   |
| Contact information: Phone:<br>Email:              |
| Name(s) of operator(s) and owner(s)                |
| Name of Authorized Signature authorities           |
| Date business was established<br>At this location: |

SECTION B: EXEMPTIONS

If your facility falls under one or more of these exemptions, please indicate all that apply:

|  |   |  |  |
|--|---|--|--|
| <p>441.10 (c)</p> <p>The facility indicated in Section A 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.</p> | <p>441.10 (d)</p> <p>The facility indicated in Section A above is a mobile unit operated by a dental discharger</p> | <p>441.10 (e)</p> <p>The facility indicated in Section A above does not discharge any amalgam process wastewater to the LCG sewer system, but collect all dental amalgam process wastewater for transfer off-site to a facility that treats the waste (like a Centralized Waste Treatment Facility).</p> | <p>441.10 (f)</p> <p>The facility indicated in Section A above is a Dental Discharger that does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances, and I certify to Lafayette City-Parish Consolidated Government's Pretreatment Section (the Control Authority) that this facility is exempt from any further requirements of 40 CFR 441, other than this One-Time Compliance Report.</p> |
|--|---|--|--|

These exemptions apply to my facility:

441.10 (c)

441.10 (d)

441.10 (e)

441.10 (f)

There are no exemptions that apply to my facility.

***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.***

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Title

**If you have signed that you are exempt without further compliance requirements, you do not have to continue to the next Section.**

Section C: Description of Dental Office Practice

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|---|
| Description of the operations at this dental facility:  |
| Total number of chairs at which dental amalgam may be present in the resulting wastewater:  |
| Description of any amalgam separator(s) or equivalent device(s) currently operated on site:   |
| Make:   |
| Model:  |
| Year of Installation:   |
| Is the amalgam separator(s) or equivalent device(s) compliant with either the American National Standards (ANSI) American National Standard/American Dental Association (ADA) Specification 108 for Amalgam Separators (2009) with Technical Addendum (2011) or the International Organization for Standardization (ISO) 11143 Standard (2008) or subsequent versions so long as that version requires amalgam separators to achieve at least a 95% removal efficiency? |

Section D: Maintenance and Operation of Amalgam Separator(s) or Equivalent Device(s)

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| Name of the third-party service provider that maintains the amalgam separator(s) or equivalent device(s) operated at the dental office (if applicable):  |
| If a third-party service provider is not used, please give a brief description of the practices employed by the facility to ensure proper operation and maintenance of the amalgam separator(s) or equivalent device(s) in accordance with 441.30 or 441.40. |

Section E: Certification

I certify that the amalgam separator(s) or equivalent device(s) is designed and will be operated and maintained to meet the requirements specified in 40 CFR 441.30 or 441.40.

I certify that the facility identified in Section A is implementing Best Management Practices specified in 441.30 (b) or 441.40 (b) and will continue to do so.

*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.*

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Title