

SOUTH VALLEY WATER RECLAMATION FACILITY
7495 South 1300 West, West Jordan, Utah 84084
Phone: (801) 495-5465 Fax: (801) 495-5447
Email: lgord@svwater.com

DENTAL WASTEWATER COMPLIANCE REPORT

This questionnaire must be filled out completely, including signature, and returned within 15 days to South Valley Water Reclamation Facility (SVWRF). Failure to do so is a violation of the SVWRF Pretreatment Rules and Regulations.

SECTION A - BUSINESS INFORMATION

Name of Business: _____		
Name of Owner(s): _____		
Business Physical Address: _____		
Business Mailing Address: _____		
City: _____	State: _____	Zip: _____
Telephone: (____) _____	Fax: (____) _____	
Email Address: _____		

Person authorized to apply for permit and correspond on matters relating to permit (individual must be a responsible corporate officer, general partner, proprietor, or duly authorized representative of the dental office):

Name: _____ Title: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Telephone: (____) _____	Fax: (____) _____	
Email Address: _____		

What is the nature of this dental practice? _____ _____ _____
Does this office accept Medicare/Medicaid? _____

Date Dental Office opened at this location: _____
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List names of all dentists practicing in this office: _____ _____
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Please select the following:
<input type="checkbox"/> This facility is a dental discharger subject to this rule (40 CFR Part 441) and it places or removes dental amalgam. (Complete Sections B, C, & D)
<input type="checkbox"/> This facility is a dental discharger subject to this rule and (1) it does not place dental amalgam, and (2) it does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. (Complete section D only)

SECTION B - BUSINESS AND PROCESS INFORMATION

Number of Dentists: _____	Number of Restorative Chairs: _____
Number of Employees: _____	Number of Hygiene Chairs: _____
Days/Business Hours: _____	Use cuspidors (Check one): Yes ___ No ___

Do you currently have an amalgam separator(s) installed at this office? Yes No

If yes, how many? _____ In series? _____ Or independent? _____

If yes, describe location of the amalgam separator unit(s): _____

If yes, list the manufacturer, model make and model number(s): _____

Vacuum pump (check type used): ___ Liquid Ring ___ Re-circulating ___ Turbine Vacuum

Name of disinfectant used for line cleaning (Must not be oxidizing or acidic in nature and must have a pH between 6 and 8): _____

When was the last time your amalgam separator was serviced/cleaned? _____

Average number of amalgam fillings placed each week? _____

Average number of amalgam fillings removed each week? _____

SECTION D - LIQUID WASTES AND SLUDGES REMOVED

Type of Waste/Substance	Name of Company where Material is Disposed at?	Quantity Removed (e.g. liters, gallons, grams, etc.)	How frequently? (Monthly, quarterly, annually)
Scrap Amalgam			
Used Fixer			
Used Chair Side Traps			
Used Vacuum Pump Screens/Filters			
Chemical Sterilizing Solutions			

Other			
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SECTION D - AUTHORIZED REPRESENTATIVE'S STATEMENT AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system that is 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.

Name (please print)

Date

_____ (____) _____

Email

Fax

_____ (____) _____

Signature

Telephone

Failure to submit this form within fifteen (15) days of receipt is in violation of the SVWRF Pretreatment Rules and Regulations and may prompt enforcement action.

If you have any questions or comments, please contact the SVWRF Pretreatment Department, at (801) 495-5465.

SECTION E – RETENTION PERIOD

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.

Submit this form to:

Pretreatment Director
 South Valley Water Reclamation Facility
 7495 South 1300 West
 West Jordan, UT 84084
 Phone: (801) 495-5465 Fax: (801) 495-5447