



**ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS
to Comply with 40 CFR 441.50
Effluent Limitations Guidelines and Standards for the Dental Office Category**

Instructions:

Dental facilities must submit in a one-time compliance report as required by the Effluent Limitations Guidelines and Standards for the Dental Office Category (“Dental Amalgam Rule”). Some dental facilities are not required to submit a one-time compliance report. See [the applicability section \(§ 441.10\)](#) to determine if your facility is required to submit a one-time compliance report.

Note to dental facilities: This version of the form is to be completed for dental facilities that DO NOT place and remove dental amalgam, except in limited emergency or unplanned, unanticipated circumstances. If your facility does place and remove dental amalgam, please fill out the other version of this form that is available on the Fox Metro website.

General Information

Name of Facility				
Physical Address of Dental Facility				
City:		State:		Zip:
Mailing Address				
City:		State:		Zip:
Facility Contact				
Phone:		Email:		
Names of Owner(s):				
Names of Operator(s) if different from Owner(s):				

Applicability: Please Select One of the Following

<input type="checkbox"/>	This facility is a dental discharger subject to this rule and it places or removes dental amalgam. <i>Complete the other version of this form, available on Fox Metro’s website.</i>
<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. <i>Complete the following page.</i>

Certification Statement

<p>Per § 441.50(a)(2), the One-Time 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 § 403.12(l).</p>			
<p><i>"I am a responsible corporate officer, a general partner or proprietor (if the facility is a partnership or sole proprietorship), or a duly authorized representative in accordance with the requirements of § 403.12(l) of the above named dental facility, and 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."</i></p>			
Authorized Representative Name (print name):			
Phone:		Email:	
Authorized Representative Signature		Date	

Retention Period; per [§ 441.50\(a\)\(5\)](#)

<p>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 One Time Compliance Report and make it available for inspection in either physical or electronic form.</p>

RETURN A SIGNED COPY OF THIS FORM NO LATER THAN JANUARY 15, 2019 TO:

Fox Metro Water Reclamation District
 Attn: Pretreatment Department
 682 State Route 31
 Oswego, IL 60543

Per U.S. EPA policies, Fox Metro must receive this document with a "wet-ink signature". Digital and faxed copies do not meet these requirements.