

# NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

## Division of Water

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[www.dec.ny.gov](http://www.dec.ny.gov)

## Amalgam Waste Compliance Report for Dental Dischargers (Feb 2018)

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### A. Instructions

**Purpose and Use of this Form:** State regulation in 6 NYCRR § 374-4 requires that all dental facility waters likely to come into contact with amalgam waste must be treated prior to discharge by an amalgam separator meeting certain specifications. Additionally, Federal requirements in 40 CFR § 441.30(b) related to implementation of Best Management Practices became effective **June 14, 2017**. If the discharge is to a sewage treatment works, written notification must be provided to the appropriate sewage treatment works or sewer authority. You will need to submit this form to comply with Federal requirements even if you previously submitted a Notice of Dental Amalgam Separator Installation (May 2006).

Completion of this form is not required if the discharge is not to a sewage treatment works, e.g. if the wastewater is discharged to an on-site septic tank/leachfield.

Please note that this form is not a permit and that the dental facility owner/operator is responsible for compliance with all other federal, state, and local regulations.

**Effective Dates:** As of May 12, 2008, all dental facilities subject to 6 NYCRR § 374-4 must operate amalgam separators with a minimum 99% removal efficiency. The amalgam separator(s) must be placed in service prior to beginning operation.

For existing dental facilities, you must submit this form to your sewage treatment works or sewer authority no later than **October 12, 2020**.

If you are an existing dental facility that has had a Transfer of Ownership, you must submit this form within **90 days** of the transfer.

For new dental facilities, this form must be submitted no later than **30 days** following the introduction of wastewater into a sewage treatment works.

*Replacement of separators* - If an amalgam separator fails or is otherwise taken out of service then there may be no discharge from the affected portion of the facility until the separator is replaced. Notification for replacement separators must be submitted no later than **30 days** following their installation.

**Form Submission:** All sections must be completed and submitted to the sewage treatment works or sewer authority to which the dental wastewater is tributary. Failure to install acceptable separators or to provide the required notification by the applicable due dates will result in noncompliance with the regulation and possible enforcement action. You are required by 40 CFR § 441 to maintain a completed copy of this form with your records.

**Please do not submit a copy of this form to NYSDEC unless directed to do so by NYSDEC staff.**

If you are unsure if your discharge is to a sewage treatment works or to whom to send this form, search for the municipality (city/town/village/county) where the dental facility is located. Contact them and based on your location their staff should be able to assist you.

**Additional Information:** Please note that there are also other regulatory requirements applicable to dentists including, but not limited to: dental amalgam waste storage; recycling of dental amalgam waste and elemental mercury; record keeping and inspection; and, prohibitions on certain activities. A copy of this form, the dental amalgam regulations, and general information on mercury are available on the NYSDEC website at [www.dec.ny.gov/chemical/24027.html](http://www.dec.ny.gov/chemical/24027.html).



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**B. Reason for Submission**

<input type="checkbox"/>	Notification for a dental facility operating on July 14, 2017
<input type="checkbox"/>	Notification for a dental facility that began operating after July 14, 2017
<input type="checkbox"/>	Transfer of Ownership

Specify date that dental facility operation/transfer began \_\_\_\_\_

Name of applicable sewage treatment works/sewer authority \_\_\_\_\_

**C. Dental Facility Identification and 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):			

**D. Description of Facility**

Total number of chairs:		
Total number of chairs at which amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed):		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	The facility discharged amalgam process wastewater prior to July 14th, 2017 under any ownership.

E. Description of Amalgam Separator—Provide information for each separator:

Date In Service	Manufacturer	Model Name/ Number	Rated Percent Removal	Number of Dental Chairs Served

Total number of separators at this facility: \_\_\_\_\_

F. Best Management Practices (BMP) Certifications

<input type="checkbox"/>	<p>The above named dental discharger is implementing the following BMPs as required by 6 NYCRR § 374-4, 40 CFR § 441.30(b), and/or 40 CFR § 441.40 and will continue to do so.</p> <ul style="list-style-type: none"> <li>• Waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, must not be discharged to a sewage treatment works.</li> <li>• Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater must not be cleaned with oxidizing or acidic cleaners, including but not limited to bleach, chlorine, iodine and peroxide that have a pH lower than 6 or greater than 8 (i.e. cleaners that may increase the dissolution of mercury).</li> </ul>
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G. Certification

**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 40 CFR § 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.**

Authorized Representative Name ( <i>print name</i> ):			
Phone:		Email:	
Authorized Representative Signature		Date	

H. 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 **Amalgam Waste Compliance Report for Dental Dischargers** and make it available for inspection in either physical or electronic form.