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|  | Dental Amalgam ProgramPermit Application/Certification *rev. 5/2020* |

Metro Water Services requires all dental offices that discharge into Nashville’s sanitary sewers to be issued a Dental Amalgam Program (DAP) permit in order to reduce the amount of potentially toxic metals such as mercury from entering its treatment system. The information on this form will allow Metro Water Services to determine the applicability of the program for your office and to perform the necessary inspections to sustain your permit. **For any questions or assistance in completing this submission contact us at 615-862-4590 M-F 7:00am-3:30pm or email** ECO@nashville.gov.

**Section A: General Facility Information**

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| --- |
| Name of Dental Office: |
| Office Address: | Mailing Address: |
| City, ST, ZIP | City, ST, ZIP |
| Primary Contact: | Title: |
| Email: | Phone: |
|  |  |
| **List all Dentists Practicing at this Office** (use back of sheet for more than four entries) |
| Name | Days On-Site(circle all that apply) | How many amalgam fillings EACH MONTH? |
|  | M T W R F Sa Su |  | Placed |  | Removed |[ ]  None |
|  | M T W R F Sa Su |  | Placed |  | Removed |[ ]  None |
|  | M T W R F Sa Su |  | Placed |  | Removed |[ ]  None |
|  | M T W R F Sa Su |  | Placed |  | Removed |[ ]  None |

**Section B: Please Select All That Apply**

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|[ ]  This facility is a dental discharger subject to this rule ([40 CFR Part 441](https://www.federalregister.gov/d/2017-12338/p-264)) and it places or removes dental amalgam.***Complete sections A, B, C, D, E, F, and G*** |
|[ ]  This facility is a dental discharger that is exempt from Dental Amalgam requirements because amalgam fillings are removed or placed 3 or fewer days per year, AND/OR this practice primarily serves the following function:***Complete sections A, B, and G***  |
|   |[ ]  Orthodontics  |[ ]  Oral Pathology or Oral Medicine |
|  |[ ]  Periodontics |[ ]  Endodontics |
|  |[ ]  Oral and Maxillofacial Surgery |[ ]  Prosthodontics |
|  |[ ]  Radiology |  |  |
| **(A*lso,* *select if applicable*) Transfer of Ownership** ([§441.50(a)(4)](https://www.federalregister.gov/d/2017-12338/p-321)**)** |
|[ ]  This facility is a dental discharger subject to this rule ([40 CFR Part 441](https://www.ecfr.gov/cgi-bin/text-idx?SID=c7d79f042ec05143ccc83e8a8d216342&mc=true&node=pt40.32.441&rgn=div5)), and it has previously submitted a one-time compliance report. This facility is submitting a new One Time Compliance Report because of a transfer of ownership as required by [§441.50(a)(4)](https://www.federalregister.gov/d/2017-12338/p-321). |

**Section C: Description of Facility**

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| 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): |  |
| Description of any amalgam separator(s) or equivalent device(s) currently operated:  |
|  |
| YES [ ]  | NO [ ]  | The facility discharged amalgam process wastewater prior to July 14th, 2017 under any ownership. |
| **Include with this application/certification submission: building plans for plumbing, amalgam waste lines, and vacuum lines, connection of waste lines to sanitary sewer, equipment layout, and floor plans with chair layout. Existing Dental Facilities who do not have plans available to complete this application/certification please note in the Section C Description (“Existing Dental Office, No Plans Available”) and layout and plumbing will be confirmed during inspection by Metro Water Services personnel or designee.**  |

**Section D: Description of Amalgam Separator of Equivalent Device**

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| --- | --- | --- |
|  [ ]  | The dental facility has installed one or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators (or equivalent devices) that captures all amalgam containing waste at the following number of chairs at which amalgam placement or removal may occur: | *Chairs:* |
|  [ ]  | The dental facility installed prior to June 14, 2017 one or more existing amalgam separators that do not meet the requirements of [§ 441.30(a)(1)(i) and (ii)](https://www.federalregister.gov/d/2017-12338/p-284) at the following number of chairs at which amalgam placement or removal may occur: | *Chairs:* |
| I understand that such separators must be replaced with one or more amalgam separators (or equivalent devices) that meet the requirements of [§ 441.30(a)(1)](https://www.federalregister.gov/d/2017-12338/p-284) or [§ 441.30(a)(2)](https://www.federalregister.gov/d/2017-12338/p-290), after their useful life has ended, and no later than June 14, 2027, whichever is sooner. |
| **Make** | **Model** | **Year of installation** |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|  [ ]  | My facility operates an equivalent device. |
| **Make** | **Model** | **Year of installation** | **Average removal efficiency of equivalent device, as determined per** [**§ 441.30(a)(2)i- iii**](https://www.federalregister.gov/d/2017-12338/p-290)**.** |
|   |   |   |  |
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**Section E: Design, Operation and Maintenance of Amalgam Separator / Equivalent Device**

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| ☐ | YES | I certify that the amalgam separator (or equivalent device) is designed and will be operated and be maintained to meet the requirements in [§ 441.30](https://www.federalregister.gov/d/2017-12338/p-281) or [§ 441.40](https://www.federalregister.gov/d/2017-12338/p-309).  |
| A third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with [§ 441.30](https://www.federalregister.gov/d/2017-12338/p-281) or [§ 441.40](https://www.federalregister.gov/d/2017-12338/p-309). |
|
| [ ]  | YES | Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable): |   |
|
| [ ]  | NO | If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with [§ 441.30](https://www.federalregister.gov/d/2017-12338/p-281) or [§ 441.40](https://www.federalregister.gov/d/2017-12338/p-309). |
|
|  *Describe practices:* |
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**Section F: Best Management Practices (BMP) Certifications**

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|[ ]  The above named dental discharger is implementing the following BMPs as specified in [§ 441.30(b)](https://www.federalregister.gov/d/2017-12338/p-299) or [§ 441.40](https://www.federalregister.gov/d/2017-12338/p-309) and will continue to do so.* 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 publicly owned treatment works (e.g., municipal sewage system).
* Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a publicly owned treatment works (e.g., municipal sewage system) 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).
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**Section G: Certification Statement**

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| Per[§ 441.50(a)(2)](https://www.federalregister.gov/d/2017-12338/p-312), the Application/Certification must be signed 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)](https://www.ecfr.gov/cgi-bin/text-idx?SID=c72f4432eed7748fd20b225be969e21e&mc=true&node=se40.31.403_112&rgn=div8).  |
| *“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.”* |
| Authorized Representative Name *(print name):*  |  |
| Phone: |  | Email: |  |
|  |  |
| *Authorized Representative Signature* | *Date* |

**Attachments**

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|[ ]  **Plumbing Plans showing waste layout and sanitary sewer connection** |
|[ ]  **Plans showing vacuum lines and equipment**  |
|[ ]  **Plans showing dental office layout including dental chairs** |
|[ ]  **Other** |

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| --- | --- |
| Submit completed application to:Metro Water Services ATTN: Environmental Compliance – DAP1360 County Hospital Rd.Nashville, TN 37218 | Or fax to: 615-862-4581Or email to: ECO@nashville.govFor questions call: 615-862-4590 |
| For more information on the Metro Dental Amalgam policy visit: eco.nashville.gov  |