



## Notice of Dental Amalgam Separator Installation (August 2015)

### A. Instructions

**Purpose and Use of this Form:** State of Wisconsin DNR requires that publicly owned wastewater treatment facilities discharging effluent into State waters implement “Best Management Practices”(BMP) for minimizing mercury in those effluents. BMP for dental facilities generating amalgam waste necessitates the use of amalgam separator(s) to minimize the level of mercury discharged to the City wastewater facility.

This form will satisfy the one-time reporting requirement. Follow up reporting will be required only if additional or replacement amalgam separators are installed in the future. Dentists, or their agents, may complete and submit a copy of this form to satisfy the reporting requirements.

If discharge from the dental office is not to the City of Waupaca or Chain o Lakes wastewater collection system, e.g., if the wastewater is discharged to a septic or other on-site treatment system, then notification of the separator installation is not required by the City. This form is not a permit and the dental facility owner/operator is responsible for compliance with all other federal, state, and local regulations.

#### **Due Dates:**

**For existing dental offices** – The amalgam separator(s) must be placed in service no later than November 1, 2015.

**For dental facilities that begin operations after April 21, 2015** – The amalgam separators must be placed in operation prior to beginning of dental services and notification shall be submitted no later than 30 days following first operation.

**Replacement of amalgam separators** - If an amalgam separator fails or is taken out of service, there can be no legal discharge to the City sewer system.

**Form Submission:** Sections B through D of this notice must be completed and submitted to the City of Waupaca. Failure to install acceptable separators or to provide the required notification by the applicable due dates will result in noncompliance with the City ordinance. Please maintain a completed copy of this form with your records.

Additional information pertaining to choosing an amalgam separator, recycling the amalgam waste, and best management practices is available from the Wisconsin Dental Association website at <http://www.wda.org/dental-professionals/members-only/business-of-dentistry/regulatory/amalgam-dental-waste>

Return completed form to:

City of Waupaca  
Dental Amalgam Management Program  
111 S. Main St.  
Waupaca, WI 54981

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**B. Dental Facility Identification and Information**

Dental Practice or Facility Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**C. Amalgam Separator System Installation – Provide information for each separator:**

<u>Date In Service</u>	<u>Manufacturer</u>	<u>Model Name/Number</u>	<u>Rated % Removal</u>	<u>Max Rated Flow (gpm)</u>	<u># of Dental Chairs Served</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total number of separators at this facility \_\_\_\_\_ Total number of dental chairs at this facility \_\_\_\_\_

**D. Certification**

This facility has installed the appropriate amalgam separator(s). Separator operation, maintenance, and amalgam recycling is and will continue to be in accordance with applicable regulations. I certify under penalty of law that this document, and any attachments, was prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly collected and evaluated 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, accurate and complete.

\_\_\_\_\_  
Owner/Operator Name (please print or type)

\_\_\_\_\_  
Owner/Operator Signature

\_\_\_\_\_  
Date