

**INDUSTRIAL WASTEWATER DISCHARGE PERMIT**  
**Dental Amalgam Survey / Certification**

Mail signed and completed questionnaire to:  
**DEPARTMENT OF ENVIRONMENTAL SERVICES**  
**CITY AND COUNTY OF HONOLULU**  
**1000 ULU'OHIA STREET, SUITE #303**  
**KAPOLEI, HI 96707**  
**ATTN: REGULATORY CONTROL BRANCH**

**Phone: (808) 768-4108**

**FAX: (808) 768-1597**

**Email: [envpermits@honolulu.gov](mailto:envpermits@honolulu.gov)**

(All fields are required to be filled in accurately or your questionnaire will be considered incomplete.)

**SECTION A – GENERAL INFORMATION**

- 1. Dental Facility Name: \_\_\_\_\_
- 2. Contact Person: \_\_\_\_\_
- 3. Phone: \_\_\_\_\_
- 4. Email: \_\_\_\_\_
- 5. Facility Address: \_\_\_\_\_
- 6. Mailing Address: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_
- Zip Code: \_\_\_\_\_
- Zip Code: \_\_\_\_\_

- YES NO Do you have a practice in the following specialized areas: **Oral Pathology, Oral and Maxillofacial Radiology, Oral and Maxillofacial Surgery, Orthodontics, Periodontics, or Prosthodontics AND do not practice any general dentistry?** If yes, **please circle your specialized practice, complete the questionnaire below, and complete Sections D & E.**
- YES NO Do any of these dentists, place or remove amalgam and/or teeth containing amalgam?
- YES NO Is there another dentist or dental business using this facility that is not listed under this business?
- YES NO If yes, do any of these dentists, place or remove amalgam and/or teeth containing amalgam?
- YES NO Is this a dental clinic?
- YES NO If yes, do any of these dentists, place or remove amalgam and/or teeth containing amalgam?
- YES NO Is this a dental school?
- YES NO If yes, do any of these dentists, place or remove amalgam and/or teeth containing amalgam?
- YES NO Do you place or remove amalgam only in emergency or unplanned, unanticipated circumstances?
- YES NO Do you have an existing amalgam separator and/or amalgam removal device?
- YES NO If yes, was it installed before June 14, 2017?
- YES NO Is the amalgam being disposed of?  
 If yes, please specify how it is being disposed of: \_\_\_\_\_
- YES NO Do you have any other pretreatment devices?  
 If yes, please list: \_\_\_\_\_

**SECTION B – AMALGAM SEPARATOR**

(Complete the information below, and if the separator is not yet installed, please make a notation, “to be installed”.)

Manufacturer \_\_\_\_\_ Model Name \_\_\_\_\_

Model Number \_\_\_\_\_ Serial Number \_\_\_\_\_

Year Installed \_\_\_\_\_ Number of Chairs Serviced \_\_\_\_\_

YES NO Meets EPA standard (see below)

Manufacturer \_\_\_\_\_ Model Name \_\_\_\_\_

Model Number \_\_\_\_\_ Serial Number \_\_\_\_\_

Year Installed \_\_\_\_\_ Number of Chairs Serviced \_\_\_\_\_

YES NO Meets EPA standard (see below)

YES NO All Amalgam separators are ISO 11143 certified, properly sized for flow, cleaned, and maintained per the manufacturer’s specifications. All dental amalgam wastewater is discharged through amalgam separators as listed above.

\* Maintenance Service logs and records are to be made available for review upon request.

**EPA Standard:**

The installation, operation, and maintenance of one or more amalgam separators must meet the following requirements:

Compliant with either the American National Standards Institute (ANSI) American National Standard/American Dental Association (ADA) Specification 108 for Amalgam Separators (2009) with Technical Addendum (2011) or the International Organization for Standardization (ISO) 11143 Standard (2008) or subsequent versions so long as that version requires amalgam separators to achieve at least a 95% removal efficiency. Compliance must be assessed by an accredited testing laboratory under ANSI's accreditation program for product certification or a testing laboratory that is a signatory to the International Laboratory Accreditation Cooperation's Mutual Recognition Arrangement. The testing laboratory's scope of accreditation must include ANSI/ADA 108-2009 or ISO 11143.

**SECTION C – BEST MANAGEMENT PRACTICES (BMPs)**

YES NO Use pre-capsulated amalgam, stocked in a variety of sizes.

YES NO Salvage, store, and recycle scrap amalgam in a secure, tightly lidded container.

YES NO Salvage teeth that contain amalgam restorations in a tightly lidded container. (Contact the recycler regarding disinfection specifications.)

YES NO Recycle all bulk mercury and amalgam waste, and maintain receipts and recycling log. (Never dispose of, flush, or rinse amalgam waste down the toilet or drain.)

YES NO Use dental chairs with side traps, vacuum pump filters, and amalgam separators.

YES NO Clean and maintain all dental equipment in accordance with the manufacturer’s recommendation and instruction. Keep a maintenance log.

YES NO Screens, filters, traps, or amalgam separators are not rinsed over sinks or drains.

YES NO Use line cleaners that minimize the dissolution of amalgam.

YES NO Train staff in proper handling, use, and disposal of amalgam. Keep a training log.

**SECTION D – OTHER PRETREATMENT DEVICE, X-RAYS, AND HAULING – Check all that apply**

- Silver Recovery Unit    Neutralization System    Solids Interceptor    Other: \_\_\_\_\_
- Digital X-Rays    Photo Processing X-Rays    Hauling Solution Waste    Hauling Other Waste

(All Dentists who are in the specialized areas and DO NOT place OR remove amalgam, sign below)

**SECTION E – ONE-TIME COMPLIANCE REPORT FOR NON-DENTAL AMALGAM DISCHARGER**

Per <a href="#">§ 441.50(a)(2)</a> , 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 <a href="#">§ 403.12(l)</a> .			
<i>“I certify that in accordance with 40 CFR Part 441, this dental facility and all practicing dentists of the dental facility do not place dental amalgam and do not remove dental amalgam except in limited circumstances. I certify that this document and any attachments were prepared under my direction or supervision to ensure that qualified personnel properly gathered and submitted information that is true, accurate, and complete.”</i>			
Authorized Representative Name (print name):			
Facility Name:			
Physical Address:			
Mailing Address:			
Name of Operator(s):			
Name of Owner(s):			
Phone:		Email:	
<b>Authorized Representative Signature</b>		<b>Date</b>	

(All Dentists who may occasionally PLACE OR REMOVE amalgam, sign below)

**SECTION F – DENTAL AMALGAM DISCHARGER CERTIFICATION STATEMENT**

I certify that in accordance with 40 CFR Part 441, this dental facility and all practicing dentists of the dental facility have or will be installing the required Amalgam Separator(s) that meets the EPA standards. Additionally, this dental facility has or will be implementing and is, or will be complying with the required Best Management Practices for Amalgam Waste or for Existing Sources by July 14, 2020. I certify that this document and any attachments were prepared under my direction or supervision to ensure that qualified personnel properly gathered and submitted information that is true, accurate, and complete.

Dental Facility Name: \_\_\_\_\_

List all dentists at this facility: \_\_\_\_\_

Authorized Person (Print Name): \_\_\_\_\_

Authorized Person (Signature): \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**Once you install your Amalgam Separator, you'll need to complete a ONE-TIME COMPLIANCE FORM**