



# Notice Of Dental Amalgam Separator Installation (May 2006)

## A. Instructions

**Purpose and Use of this Form:** State regulation 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. If the discharge is to a sewage treatment works, written notification must be provided to the appropriate sewage treatment works or sewer authority.

This form is intended to provide a consistent format for dentists to satisfy this one-time reporting requirement. Follow-up reporting by dentists is only required when new separators are placed in service. Dentists may complete and submit a copy of this form to satisfy the reporting requirement. Alternatively, dentists may use another format which is consistent with the requirements specified in 6NYCRR 374-4.

If the discharge is not to a sewage treatment works, e.g. if the wastewater is discharged to an on-site septic tank/leachfield, then notification of separator installation is not required by this regulation. 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.

**Due Dates: For dental facilities operating on May 12, 2006** - The amalgam separator(s) must be placed in service no later than May 12, 2008 and notification must be submitted no later than June 11, 2008. **For dental facilities that begin operations after May 12, 2006** - The amalgam separator(s) must be placed in service prior to beginning operation and notification must be submitted no later than 30 days following first operation. **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 that the dental wastewater is tributary to. 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. Please 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 who to send the notification to, search the telephone book blue pages for the municipality (city/town/village/county) where the dental facility is located under headings such as "Environment", "Public Utilities", "Sanitation", "Sewer", or "Water Pollution Control". Call 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.state.ny.us/website/dow/mercury.html](http://www.dec.state.ny.us/website/dow/mercury.html).

## B. Reason For Submission

Notification for a dental facility operating on May 12, 2006

Notification for a dental facility that began operating after May 12, 2006

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

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



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## C. Dental Facility Identification and Information

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Facility Street Address (Not P.O. Box) \_\_\_\_\_

Municipality (City/Town/Village) \_\_\_\_\_ County \_\_\_\_\_

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

Email Address \_\_\_\_\_

## D. 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 \_\_\_\_\_

## E. Certification

This practice/facility has installed an appropriate amalgam separator(s). Separator design, installation, 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 assure that qualified personnel properly gathered 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 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.

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

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

Date \_\_\_\_\_