



**WASTEWATER SURVEY FOR DENTAL USERS
AND
APPLICATION FOR WASTEWATER DISCHARGE PERMIT**

Facility Information

Name of Facility _____

Address _____

Telephone No. _____ Fax No. _____

E-Mail Address _____

Location (if different than address)

Contact Information

Primary Contact _____

Title _____

Telephone No. _____ Fax No. _____

E-Mail Address _____

Alternate Contact _____

Title _____

Telephone No. _____ Fax No. _____

E-Mail Address _____



Type of Facility

Please specify type of Practice:

Days/Hours of Operation:

Number of Shifts: _____

Number of Employees per Shift: 1st _____ 2nd _____ 3rd _____

Average Practice (Non-restroom) related Wastewater Discharge Rate (gallons per day)

Radiographic Materials

1. What type of X-ray technology is used at this location?

- Traditional Radiography
 Electronic Imaging

2. How much fixer is used **per month**? _____

3. How does this office dispose of spent fixer?

- Dumped down the drain to the sanitary sewer
 Metal replacement canister, Provider Name _____
 Stored on-site for future disposal
 Recycled, Provider Name _____

4. How much X-ray film is purchased **quarterly**? _____

5. How does this office dispose of X-ray lead foil?

- Disposed of in the trash
 Hazardous waste provider name _____
 Stored on Site for Future Disposal
 Returned to vendor, Vendor name _____
 Disposed of biohazard material
 Recycled, Provider Name _____



Amalgam Materials

6. Does this office “place” Yes No OR “remove” Yes No amalgam fillings?

Note: If your office does not place amalgam fillings, removes fillings in limited emergency or unplanned, unanticipated circumstances, and removes amalgam fillings in <5% of the total procedures per year you may apply for exemption from this ruling.

7. How does this office dispose of amalgam particles?

- Disposed of in the trash
- Hazardous waste provider name _____
- Stored on Site for Future Disposal
- Returned to vendor, Vendor name _____
- Disposed of biohazard material
- Recycled, Provider Name _____

8. How does this office dispose of unused portion of amalgam capsules

- Disposed of in the trash
- Hazardous waste provider name _____
- Stored on Site for Future Disposal
- Returned to vendor, Vendor name _____
- Disposed of biohazard material
- Recycled, Provider Name _____

9. Does this office have an amalgam separator as required by EPA’s dental amalgam ruling stated in 40 CFR Part 441? Yes No

Year installed _____ Brand Name _____ Efficiency rating if known

10. How often is the amalgam separator cleaned _____
Who cleans and or services the amalgam separator _____

11. Does your office have: Mercury Spill Kit? Yes No Not applicable
Spill Control Plan for chemical spills? Yes No



Certification Statement

This permit application is to be signed by an authorized representative of your facility after adequate completion of the form and in accordance with the following certification:

“I 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 understand that this statement is subject to penalties applicable under law pursuant to 18 Pa. C. S. Sec. 4904 (unsworn falsification to authorities).”

I hereby certify that my office complies with the best management practices for the recycling and disposal of amalgam, mercury, silver (X-ray fixer), and X-ray lead foil as indicated above.

Name (printed)

Title

Signature

Date

Please Mail the completed form to:

Kevin Kaplan
Collection System Manager
Cranberry Township
2525 Rochester Road
Cranberry, PA 16066-6499

If you have any questions, please call 724-776-4806, extension 1513