

North Charleston Sewer District

Industrial Pretreatment Department

Dental Questionnaire

1. Contact Information

Facility Name _____

Address _____

Owner/Operator _____

Contact Person _____

Phone Number _____ E-mail Address _____

2. Does your facility place and/or remove amalgam fillings?

_____ Yes, proceed to question 3.

_____ No, proceed to section 4 and return form to the North Charleston Sewer District.

3. Does your facility use amalgam separators?

_____ Yes, complete the attached **One-Time Compliance Report**.

_____ No, proceed to section 5 and return form to the North Charleston Sewer District..

4. Certification of NO use

I hereby certify that this practice does **not** place amalgam and does **not** remove amalgam, except in limited emergency, unplanned, or unanticipated circumstances.

Signature

Title

Date

5. Intent to comply

Dental offices that place or remove amalgam **MUST** install, operate, and maintain amalgam separators and must implement the following best management practices (BMPs):

1. Waste (or "scrap") amalgam must not be discharged to the sewer.
2. Dental unit water lines that discharge amalgam process wastewater to the sewer must not be cleaned with oxidizing or acidic cleaners that have a pH lower than 6 or greater than 8.

I hereby certify that this practice intends to comply with installation, operation, and maintenance requirements for amalgam separators, specified BMPs, and all reporting and record-keeping requirements.

Signature

Title

Date

North Charleston Sewer District

Industrial Pretreatment Department

Dental Facility One-Time Compliance Report

Complete all fields and submit this form with the dental questionnaire to the North Charleston Sewer District.

Total number of dental chairs	
Number of chairs at which amalgam may be present in wastewater	
Number of existing amalgam separators	
Name of third-party service provider that maintains amalgam separator(s) -OR- Description of practices by facility to ensure proper operation and maintenance (below)	

Please list the make, model, and year of installation for each existing amalgam separator. An additional sheet may be attached if more room is needed.

Make	Model	Year of Installation

Dental offices that place or remove amalgam **MUST** install, operate, and maintain amalgam separators and must implement the following best management practices (BMPs):

1. Waste (or “scrap”) amalgam must not be discharged to the sewer.
2. Dental unit water lines that discharge amalgam process wastewater to the sewer must not be cleaned with oxidizing or acidic cleaners that have a pH lower than 6 or greater than 8.

I certify that the information contained in this compliance report is complete and accurate. Furthermore, this practice will comply with specified BMPs, operation and maintenance of existing amalgam separators, and all reporting and record-keeping requirements.

Signature

Title

Date