CITY OF DAYTON – DIVISION OF WATER RECLAMATION
INDUSTRIAL PRETREATMENT PROGRAM
DENTAL DISCHARGERS EXEMPT FROM DENTAL MERCURY
REGULATION 40 CFR 441
ONE-TIME COMPLIANCE REPORT

Instructions
This form is for dental dischargers are exempt from Dental Mercury Regulation 40 CFR 441.

Dental dischargers that are exempt from Dental Mercury Regulation 40 CFR 441 shall complete and submit “City of Dayton – Division of Water Reclamation Industrial Pretreatment Program – Dental Dischargers Exempt from Dental Mercury Regulation 40 CFR 441 One-Time Compliance Report”

This form may be completed by a third party on behalf of the dental office, but the submission must be signed by at least one of the following (check the box that applies):

☐ A responsible corporate officer if the dental office is a corporation;
☐ A general partner or proprietor if the dental office is a partnership or sole proprietorship; or
☐ A duly authorized representative of the responsible corporate officer, or general partner or proprietor.

Mail this completed report to:
City of Dayton - Division of Water Reclamation
ATTN: Industrial Pretreatment Group
2800 Guthrie Road
Dayton, OH 45417
Attn: Jerome Wright or Inez Preyor

This completed form is to be submitted by the following deadlines (check the box that applies):

☐ October 12, 2020, for facilities which began discharging on or prior to July 14, 2017;
☐ Within 90 days after first dental discharge, if the first dental discharge began after July 14, 2017; or
☐ Within 90 days after a transfer of ownership.

1) Facility Name: ____________________________________________

2) Physical Address: ____________________________________________

3) Mailing Address: ☐ Same as physical address

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4) Contact Information
Phone number: _______________  Email Address: _______________________________

5) Name(s) of Owner(s):

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<th>Owner First and Last Name</th>
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6) I certify that this dental practice is not subject to this rule for the following reason:

☐ It exclusively practices one or more of the following specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics

☐ It is a mobile unit as defined by 40 CFR 441.20(h) (a specialized mobile self-contained van, trailer, or equipment used in providing dentistry services at multiple locations)

☐ It does not discharge any amalgam process wastewater to a publicly owned treatment works (all amalgam process wastewater is collected and offsite for treatment)

____________________________   ______________________________
Signature                       Name (Printed)

____________________________   ______________________________
Title                           Date

7) I certify under penalty of law that I have personally examined and am familiar with the information in this report and all attachments. Based on my inquiry of those persons immediately responsible for obtaining the information contained in the report, I believe that the information is true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

____________________________   ______________________________
Signature                       Name (Printed)

____________________________   ______________________________
Title                           Date

*Keep a signed copy of this completed form in your file for the duration of ownership.*