



Nampa Wastewater Division

340 W. Railroad Street, Nampa, Idaho 83687-1741
(208) 468-5840, FAX 467-9194

MEDICAL DISCHARGER'S ONE-TIME COMPLIANCE REPORT

In accordance with Title 40 of the Code of Federal Regulations Part 441, this form must be completed and returned by the applicable due date to the following address:

City of Nampa
Wastewater Division
340 W. Railroad Street
Nampa, ID 83687

For any new medical discharger or for any existing medical discharger that has a transfer of ownership, the report must be submitted within 90 days after: the opening date of the new medical facility; or the effective date of the transfer of ownership, respectively. Medical dischargers operating under the same ownership whose first discharge occurred on or before 7/14/2017, should submit this report as soon as possible but in no case any later than 10/12/2020.

IDENTIFYING INFORMATION

Medical Business Owner Name					
Business Name			Owner Name (legal name of person, company or entity)		
Medical Facility Physical Address			Medical Business Mailing Address		
Street Address (including building and/or suite ID)			Mailing Address		
City	State	Zip Code	City	State	Zip Code
Medical Business Contact Info					
Contact Name			() - ext.		
Contact E-mail Address			Primary Phone		
			() - ext.		
			Secondary Phone		
Owner of Property where Medical Business is Operated (if same, check here <input type="checkbox"/>)					
Name (legal name of person, company or entity)			Title (if applicable)		
Property Owner Mailing Address			Property Owner Contact Information		
Mailing Address			() - ext.		
City	State	Zip Code	Primary Phone		
			E-mail Address		
Medical Business Ownership Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Governmental Agency <input type="checkbox"/> Other Institutional Organization					
Key Dates					
Date that Medical Business Operation Started at Facility			Effective Date of Most Recent Ownership Transfer of Medical Business		

Authorized Representative for Medical Business	
Identify an Authorized Representative for the Medical Business below. For a corporation this must be a responsible corporate officer meeting the requirements of 40 CFR 403.12(l)(1). For partnerships or sole proprietorships this must be a general partner or proprietor, respectively. For government agencies or institutional organizations this must be the director or highest appointed official designated to oversee the business operations.	
Printed Name	Signature of Authorized Representative
Title	() - ext. Telephone No.

Duly Authorized Representative for Medical Business (not valid without signature of Authorized Representative above)	
A "Duly Authorized Representative" may be authorized by the Authorized Representative identified above to sign and certify this report if the specified person holds a position with responsibility for the overall operations of the business or overall responsibility for environmental matters for the business in accordance with 40 CFR 403.12(l)(3).	
Printed Name	Signature of Duly Authorized Representative
Title	() - ext. Telephone No.

REGULATORY EXEMPTIONS CLAIMED

Based on any of the following criteria, medical business may qualify for an exemption from: amalgam separator installation and maintenance requirements; and implementation of prescribed best management practices. Mark the check box and include your initials to certify each exemption claimed. If claiming an exemption you may proceed to the Compliance Certification section.

- "The medical business identified exclusively practices one or more of the following medical specialties: oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics."
_____ (initials).
- "The medical business identified conducts all medical services from one or more mobile units (defined as a specialized mobile self-contained van, trailer or other equipment used in providing dentistry services at multiple locations)."
_____ (initials).
- "The medical business identified collects all medical amalgam process wastewater for transfer and hauling to a Centralized Waste Treatment facility as defined in 40 CFR 437."
_____ (initials).
- "The medical business identified does not place medical amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances (this means that, on average, less than 5% of the removal procedures involve medical amalgam, and that the business does not stock amalgam capsules or accept new patients with amalgam fillings)."
_____ (initials).

PROCESS INFORMATION

Process Overview	
Total Number of Chairs at the Medical Business Facility	Number of chairs in which medical amalgam wastewater may be produced
Number of Amalgam Separators or Equivalent Amalgam Removal Devices Installed	

Amalgam Separator Information				
Manufacturer Name	Model	Year Installed	Number of Chairs Served	Is Separator Certified Under ISO 11143 or ANSI/ADA 108-2009 Standard?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Equivalent Amalgam Removal Device Information				
Manufacturer Name	Model	Year Installed	Number of Chairs Served	Average Removal Efficiency of Equivalent Amalgam Removal Device as Determined by 40 CFR 441.30(a)(2)i-iii?

Amalgam Separators that were installed prior to June 14, 2017 that do not meet the requirements of ISO11143, ANSI/ADA 108-2009, or removal equivalency under 40 CFR 441.3 (a)(2)i-iii must be replaced with devices meeting the above requirements after their useful life has ended and no later than June 14, 2027, whichever is sooner.

Is a 3rd party service provider used in maintaining amalgam separators or equivalent devices? Yes No

3rd party service provide for separator or equivalent device maintenance (if applicable)			
Name (legal name of person, company or entity)		Contact Person Name	
Street Address		() - ext.	
City		State	Zip Code
		E-mail Address	

If a 3rd party service is NOT used for such services, provide a brief description of in-house practices employed by the medical business to ensure proper operation and maintenance of these separators or devices in accordance with 40 CFR 441.30 and 40 CFR441.40:

Mark the check box and include your initials to certify each of the following statements:

- "The medical business identified uses amalgam separator(s) or equivalent device(s) that are designed and will be operated and maintained to meet the requirements specified in 40 CFR § 441.30 or § 441.40."

_____(initials).

- "The medical business identified is implementing Best Management Practices (BMPs) specified in 40 CFR § 441.30 or § 441.40, including the prohibition of the discharge of waste amalgam to the sewer system; and the prohibition of the use of oxidizing and acidic cleaning products on plumbing fixtures and lines that convey amalgam wastes."

_____(initials).

COMPLIANCE CERTIFICATION

The Authorized Representative, or Duly Authorized Representative as identified in accordance with in accordance with 40 CFR 403.12(l), must sign this statement.

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 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name

Title

Signature

Date