



**DUBLIN SAN RAMON SERVICES DISTRICT
 CERTIFICATION OF AMALGAM SEPARATOR INSTALLATION**
 Return completed form within 10 days of your separator installation deadline

SECTION A – BUSINESS NAME AND ADDRESSES

Name of Dental Practice:	
Site Address of Dental Practice:	
City, State	Zip Code:
Mailing Address:	
City, State	Zip Code:

SECTION B – AMALGAM SEPARATOR INFORMATION

Wastewater Discharge Permit No.: _____ (as indicated on your Permit)

Note:

- Copies of the amalgam separator purchase receipt and proof of installation **MUST** be included with this form.
- Refer to the attached “List of approved amalgam separators”

Amalgam Separator Information	
Manufacturer Name	
Brand Name / Model	
Certification/Serial Number	
Installation date:	
Technology Utilized (check “X” all that apply)	<input type="checkbox"/> Filtration <input type="checkbox"/> Settlement <input type="checkbox"/> Ion Exchange <input type="checkbox"/> Centrifuge
Vendor Name	
Vendor Tel. No.	() -

Installation Date	
Maintenance Frequency	
Proof of purchase AND installation attached: Yes <input type="checkbox"/>	

SECTION C – PLUMBED OR SHARED LINES

I certify that the vacuum lines from this dental practice are plumbed to another dental practice or to a shared building system and that the required amalgam equipment will be installed outside of this dental practice.

The responsible party (e.g. name of landlord or other dental practice) for amalgam separator installation: _____

Note: Each dental practice is legally responsible for ensuring that an approved amalgam separator has been installed for a shared vacuum system.

SECTION D – CERTIFICATION STATEMENT

I certify under penalty of law that this document and all attachments were prepared under my direction of or supervision in accordance with a system designed to ensure 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 knowledge of violations.

Print Name

Title

Signature _____

Date