



DENTAL PRACTICE
WASTEWATER DISCHARGE PERMIT
MONTHLY SELF-MONITORING REPORT FORM
SUBMIT FORM ANNUALLY
DECEMBER 15TH

Name of Dental Practice: _____ Permit Number: _____

Dental Practice Service Address: _____

Telephone No.: _____ Email: _____

Dentists Practicing at this Location: _____

The District recommends permit holders inspect amalgam separator(s) on a monthly basis to ensure separator(s) are properly functioning. The Permittee is to provide a summary of all amalgam waste generated and transported from the facility, including amalgam separator waste, on a bi-annual basis. It is required to attach copies of respective maintenance and off-haul manifests/receipts to this document. You may mail, fax or email these forms to: DSRSD, Attn: Stefanie Olson, 7051 Dublin Blvd., Dublin, CA 94568, fax to (925) 829-1180 or email to olsons@dsrsd.com.

Complete the tables below:

Amalgam Separator(s) Monthly Inspection Chart			
Month	Inspected	Inspection performed by?	Comments
January	<input type="checkbox"/>		
February	<input type="checkbox"/>		
March	<input type="checkbox"/>		
April	<input type="checkbox"/>		
May	<input type="checkbox"/>		
June	<input type="checkbox"/>		
July	<input type="checkbox"/>		
August	<input type="checkbox"/>		
September	<input type="checkbox"/>		
October	<input type="checkbox"/>		
November	<input type="checkbox"/>		
December	<input type="checkbox"/>		

Dental Amalgam Waste Offhaul Records

Amalgam Separator Installation Date:

Maintenance Schedule:

Service Dates: __/__/__ __/__/__

Total Amalgam Waste Offhauled:

Total Number of Records Attached: _____

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 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.

NAME

TITLE

SIGNATURE (see certification requirements on the back of this form)

DATE

Certification Requirement

Certification – The person signing this self-certification form must meet the signatory criteria of 40 CFR 403.12 (I). Persons meeting these criteria include:

- 1) A responsible corporate officer, such as:
 - a. a president, vice-president, secretary, treasurer, or other person performing similar policy or decision making functions or;
 - b. a manager of one or more manufacturing, production, or operating facilities. The facility must employ more than 250 persons or have gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars). The person must have authority to sign documents.

- 2) A general partner or sole proprietor.

- 3) A duly authorized representative. The duly authorized representative must be:
 - a. an individual having responsibility for the overall operation of the facility from which the wastewater discharge originates. Examples include plant manager, field superintendent, or environmental manager;
 - b. authorized in writing by a person described in paragraph 1) or 2). The written authorization must be submitted to the District.