



**City of Toledo**

**Department of Public Utilities**

**DENTAL DISCHARGER INITIAL CERTIFICATION**

Complete and return this initial certification by **December 31, 2018** in the self-addressed envelope provided. Certification must be completed for each dental office location in City of Toledo Sewer Service Area.

Practice/Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if not the same as physical address): \_\_\_\_\_  
\_\_\_\_\_

Managing Partner/Owner: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

List all dentists currently practicing at this location. \_\_\_\_\_  
\_\_\_\_\_

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**I certify that the statement indicated below is true for the practice at this location:**

- All dentists at this location practice exclusively one or more of the following specialties (circle all that apply): oral pathology, oral and maxillofacial radiology/surgery; orthodontics; periodontics or prosthodontics. **This dental office is exempt from the Dental Amalgam Standard (40 CFR 441) and no further action is required.**
- Dentists at this location do not practice exclusively one of the exempted specialties but do not place and/or remove amalgam except in limited emergency or unplanned circumstances. **This dental office must submit the Dental Dischargers Without Amalgam Process Water One-Time Compliance Report within 90 days of opening (new or transferred sources) or by December 31, 2019 (existing sources).**
- Dentists at this location place and/or remove amalgam. **This dental office must implement the Best Management Practices (BMPs) required by the Dental Amalgam Standard (40 CFR 441), including the installation of an amalgam separator(s) or equivalent device(s), and submit the Dental Dischargers With Amalgam Process Water One-Time Compliance Report within 90 days of opening (new or transferred sources) or by July 15, 2020 (existing sources).**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date