



**City of Toledo**  
**Department of Public Utilities**  
DENTAL DISCHARGERS WITHOUT AMALGAM PROCESS WASTEWATER  
ONE-TIME COMPLIANCE REPORT

**Instructions**

This form is for dental dischargers that do not place or remove dental amalgam. Dental dischargers that place or remove dental amalgam shall complete and submit the One-Time Compliance Report for Dental Dischargers With Amalgam Process Wastewater available at <https://toledo.oh.gov/services/public-utilities/environmental-services/water-resources/pretreatment-program/>.

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.

Complete this report, including required signatures, and mail it to:

**Pretreatment Coordinator**  
**Toledo Division of Environmental Services**  
**348 South Erie Street**  
**Toledo, OH 43604-8633**

A scan of this report can also be submitted to [Marilyn.DuFour@toledo.oh.gov](mailto:Marilyn.DuFour@toledo.oh.gov).

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

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

- December 31, 2019** 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

4) Contact Information

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Owner (First and Last Name)	Approximate Ownership Date

6) Name(s) of Maintenance Operator(s), if applicable:

Maintenance Operator (First and Last Name)	Employer

7) I certify that this dental discharger does not place dental amalgam and does not remove dental amalgam except in limited circumstances.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Printed) Title Date

8) 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

For more information, see Ohio EPA's Webpage for Dental Amalgam Discharges:  
<http://www.epa.ohio.gov/dsw/pretreatment/index.aspx> .