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.

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

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: _______________________

Page 1 of 2
OTC Dental Dischargers Without Amalgam Process Wastewater (Rev. June 2018)
5) Name(s) of Owner(s):

<table>
<thead>
<tr>
<th>Owner (First and Last Name)</th>
<th>Approximate Ownership Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Maintenance Operator (First and Last Name)</th>
<th>Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.