



DENTAL AMALGAM PROGRAM

For WPCP Use Only

DENTAL PRACTICE: _____

DISCHARGE ADDRESS: _____

DATE RECEIVED: _____

SAN JOSE/SANTA CLARA WATER POLLUTION CONTROL PLANT

AMALGAM SEPARATOR INSTALLATION CERTIFICATION

All dental practices located within the San Jose/Santa Clara Water Pollution Control Plant service area that place or remove amalgam filings more than three times per calendar year may not discharge to the sanitary sewer system from a dental vacuum system, unless the discharge has first been processed through an Amalgam Separator.

Installation of an approved amalgam separator must be completed within 180 days of the effective date of the Dental Wastewater Discharge Permit and this Amalgam Separator Installation Certification must be completed and submitted to the City of San José Dental Amalgam Program within 15 days of this installation deadline date.

You must complete this report even if:

- *You share an amalgam separator with another dental practice, or*
- *Another party, such as a Property Manager, is responsible for the separator.*

INSTRUCTIONS

Submit this completed form, **with copies of the purchase receipt and proof of installation**, to the address below **within 15 days of your separator installation deadline date***.

City of San José
Environmental Services Department
700 Los Esteros Road
San José, CA 95134
Attention: Dental Amalgam Program

** Your separator installation deadline is 180 days from the effective date of your dental wastewater discharge permit.*

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SECTION 1 – BUSINESS NAME AND ADDRESSES

NAME OF DENTAL PRACTICE:			
SITE ADDRESS OF DENTAL PRACTICE:		MAILING ADDRESS:	
Street Address		Street Address	
City, State	Zip Code	City, State	Zip Code

SECTION 2a– AMALGAM SEPARATOR INFORMATION

Wastewater Discharge Permit No.: _____ Effective Date of Permit: _____
 (indicated on your Permit)

NOTE:

- For new installations, the manufacturer and model ***must*** be listed on the current approved amalgam separator list found at: www.sanjoseca.gov/esd/wastewater/dental-amalgam-program.asp. If a currently installed separator is not on the approved list, contact the Dental Amalgam Program at (408) 945-3000.
- For questions, or to obtain a copy of the current approved amalgam separator list by mail or fax, contact the Dental Amalgam Program at (408) 945-3000.
- Copies of the amalgam separator purchase receipt AND proof of installation **MUST** be included with this form.

If you are not the responsible party for the amalgam separator, skip to SECTION 2b

Amalgam Separator Information	
Manufacturer Name	
Brand Name / Model	
Technology Utilized (Check all that apply)	<input type="checkbox"/> Filtration <input type="checkbox"/> Settlement <input type="checkbox"/> Ion Exchange <input type="checkbox"/> Centrifuge
Vendor Name	
Vendor Phone	() -
Installation Date	

Proof of purchase AND installation attached: YES NO If no, please explain:

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SECTION 2b - AMALGAM SEPARATOR INFORMATION

If you are not the responsible party for the amalgam separator you utilize (i.e. if a Property Manager or another dentist in the same building is responsible for the maintenance of the amalgam separator) please indicate name and phone number of the responsible party here:

Name _____ Phone _____

SECTION 3- CERTIFICATION STATEMENT

Municipal Code requires that permit applications, and any other reports required by the Director shall be **signed by an Executive Officer of the business filing the application.** Such Executive Officer shall be at least of the level of President, Vice President, General Partner, or an individual responsible for the overall operation of the practice applying for the Permit, or meet the Federal requirements for NPDES applications as contained in Title 40 of the Code of Federal Regulations.

“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 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.”

CERTIFIED BY:

<i>Name (Print)</i>	<i>Email</i>
<i>Title</i>	<i>Phone</i>
<i>Signature</i>	<i>Date</i>