



## **DENTAL AMALGAM PROGRAM**

For WPCP Use Only

DENTAL PRACTICE: \_\_\_\_\_

DISCHARGE ADDRESS: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

*SAN JOSE/SANTA CLARA WATER POLLUTION CONTROL PLANT*

### **BEST MANAGEMENT PRACTICES (BMPs) CERTIFICATION**

Use this form to certify that the dental practice has implemented the Best Management Practices (BMPs) for dental amalgam as required for Dental Wastewater Discharge Permit compliance per the City of San José Municipal Code, Chapter 15.14.

For additional information about the Dental Amalgam Program visit:  
<http://www.sanjoseca.gov/esd/wastewater/dental-amalgam-program.asp>  
or call the Dental Amalgam Program at (408) 945-3000.

#### **INSTRUCTIONS**

Submit this form to the address below **within 90 days** of the effective date of your Dental Wastewater Discharge Permit.

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

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## **SECTION 1 – BUSINESS NAME AND ADDRESSES**

<b>NAME OF DENTAL PRACTICE:</b>			
<b>SITE ADDRESS OF DENTAL PRACTICE:</b>		<b>MAILING ADDRESS:</b>	
Street Address		Street Address	
City, State	Zip Code	City, State	Zip Code

## **SECTION 2 – MANDATORY BEST MANAGEMENT PRACTICES (BMPS) CERTIFICATION**

**Wastewater Discharge Permit No.:** \_\_\_\_\_ **Effective Date of Permit:** \_\_\_\_\_  
(indicated on your Permit)

**This dental practice certifies that it has implemented the following best management practices (BMPs):**

1. Eliminate all use of bulk elemental mercury (also referred to as liquid or raw mercury). Use only pre-capsulated dental amalgam in the smallest appropriate size.
2. Change or empty chair-side traps frequently and store the trap and its contents with amalgam waste. Never rinse traps in the sink.
3. Do not use sodium hypochlorite (bleach) or other chlorine containing products to clean vacuum lines.
4. Change vacuum pump filters and screens as needed or as directed by the manufacturer and store with amalgam waste.
5. For dry vacuum turbine units, have a qualified maintenance technician, amalgam recycler, or hazardous waste disposal service pump out and clean the air-water separator tank.
6. Have a licensed recycling contractor, mail-in-service, or hazardous waste hauler remove your amalgam waste or personally deliver your amalgam waste to the Santa Clara County Household Hazardous Waste Small Quantity Generator Program. ([www.hhw.org](http://www.hhw.org))

Amalgam waste includes:

- a) Non-contact amalgam (scrap);
- b) Contact amalgam (e.g. carving waste or extracted teeth containing amalgam);
- c) Amalgam or amalgam sludge captured by chair-side traps, vacuum pump filters, screens, and other devices, including the traps, filters, and screens themselves;
- d) Used, leaking or unusable amalgam capsules; and
- e) Used amalgam separator canisters.

# DENTAL AMALGAM PROGRAM

7. Maintain written or computerized logs of amalgam waste generated and of amalgam waste removed from the vacuum system or plumbing.
8. Store all amalgam waste in airtight containers.
9. Use a licensed hauler to transport spent x-ray fixer solution to be recycled or managed as a hazardous waste, or personally deliver it to the Santa Clara County Household Hazardous Waste Small Quantity Generator Program. ([www.hhw.org](http://www.hhw.org)). Never pour fixer solution down the drain.
10. Train staff in proper handling, management, and disposal of mercury-containing material and fixer-solutions. Maintain a training log.

**NOTE: Amalgam waste must never be placed in the regular trash, placed with infectious waste (red bag), or flushed down the drain. Amalgam-containing traps, filters, or screens must never be rinsed over drains or sinks.**

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## 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>