



DENTAL AMALGAM PROGRAM

For WPCP Use Only

DENTAL PRACTICE: _____

DISCHARGE ADDRESS: _____

DATE RECEIVED: _____

SAN JOSE/SANTA CLARA WATER POLLUTION CONTROL PLANT

DENTAL WASTEWATER DISCHARGE PERMIT ANNUAL REPORT

Permit holders are required to provide a summary of amalgam waste and spent fixer solution disposal. The summary must include amalgam separator maintenance and disposal activities performed during the previous calendar year, commencing one year after the effective date of your permit.

INSTRUCTIONS

- Complete and sign the original of this report.
- Retain a copy for your records.
- Submit the signed report to the address below by January 30th of each year.

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

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Name of Dental Practice: _____ Permit Number: _____

Dental Practice Service Address: _____

Period Covered: ____ / 20 ____ through ____ / 20 ____

Dental Amalgam Waste	
Amalgam Separator Installation Date:	
Maintenance Service Dates:	----/---/--- ---/---/---
Maintenance services provided by:	
Amalgam Waste Collection Dates:	----/---/--- ---/---/---
Total Amalgam Waste Offhauled: Include waste from used capsules, traps, screens, etc.	Amalgam waste: _____ Separator canister: _____
Waste Hauler: <input type="checkbox"/> Taken to Santa Clara County Small Quantity Generator Program	Company collecting waste for disposal: _____ Name _____ Address Phone
Spent Fixer Solution	
Use Only Digital Equipment (check box)	<input type="checkbox"/>
Total Volume of Spent Fixer Solution Offhauled:	
Waste Hauler: <input type="checkbox"/> Taken to Santa Clara County Small Quantity Generator Program	Company collecting fixer solution for disposal: _____ Name _____ Address Phone

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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 Vice President, General Partner, President, or an individual responsible for the overall operation of the facility 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>