



# **Dental Practice Wastewater Discharge Survey**

**City of Sequim  
Department of Public Works  
Wastewater Source Control Program**

Return completed form to:

City of Sequim  
Attn: Wastewater Source Control Program  
Department of Public Works  
152 W Cedar Street  
Sequim, WA 98382

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Some of the Survey questions may not apply to your facility, or you may not have the information available to answer all the questions. Please answer to the best of your ability. If you have any questions, you can contact Tyrone Brown at (360) 683-4908.

- Use additional pages, if needed.
- Send the completed survey to:

City of Sequim  
 Attn: Wastewater Source Control Program  
 Department of Public Works  
 152 W Cedar St  
 Sequim, WA 98382

**SECTION A – BUSINESS NAMES AND ADDRESSES**

<b>PRACTICE NAME:</b>			
<b>ADDRESS OF SITE DISCHARGING WASTEWATER:</b> <i>(If no address, indicate cross streets.)</i>		<b>BUSINESS MAILING ADDRESS:</b>	
Site Address		Mailing Address	
City, State	Zip Code	City, State	Zip Code

<b>PRIMARY PERSON TO BE CONTACTED ABOUT THIS SURVEY:</b>			
Name		Title <i>(e.g., Owner, Consultant, Office Manager)</i>	
Mailing Address		Telephone No.	
City, State	Zip Code	24-Hour Emergency Phone No.	
E-Mail Address		FAX No.	

**LIST NAMES OF ALL DENTISTS PRACTICING AT THIS OFFICE AND NUMBER OF DAYS PER WEEK THAT THEY NORMALLY WORK AT THIS SITE.**

Name	# of Days/ Week Worked at Site

**SECTION B – GENERAL PRACTICE INFORMATION**

**1. NATURE OF PRACTICE**

Indicate your main activities or processes at your building or site that produce wastewater. Example activities include dental hygiene, general dentistry, cosmetic dentistry and pediatric dentistry.

**2. PERTINENT IDENTIFICATION NUMBERS AND PERMITS**

If your practice is located in an office building or an office park where you are not billed directly for your water use, write "N/A."

City of Sequim Business License number:	
Date Business Started at this Site:	Water Meter No(s):

**3. WASHINGTON STATE DENTAL ASSOCIATION**

Are you member of the WSDA    Yes \_\_\_\_\_    No \_\_\_\_\_

Are you aware of the Washington State Dental Association's Memorandum of Understanding with the Washington State Department of Ecology in regard to dental waste management?  
 Yes \_\_\_\_\_    No \_\_\_\_\_

**SECTION C – PRACTICE/SERVICE DESCRIPTION**

**1. DAILY VARIATIONS**

*NUMBER OF OPERATING DAYS PER YEAR.*

Review your business records and enter the average and maximum number of days that your business operates each year. For example, if your practice has been operating for 3 years and the number of operating days for each year were 220, 250, and 300, then the average is 257 and the maximum is 300.

*NUMBER OF EMPLOYEES/DAY AND NUMBER PATIENTS/DAY.*

Calculate the average and maximum number of employees working each day and the average and maximum number of patients seen each day. Base your answers on the yearly average and maximum, not on any one season.

	Number of Operating Days/Year	Circle Days You Generally Discharge and Provide Number of Hours Discharging on Those Days								Total number of Employees/Day	Number of Patients/Day
		Mon	Tue	Wed	Thur	Fri	Sat	Sun			
<b>Average</b>											
<b>Maximum</b>											

## SECTION D – WASTE MANAGEMENT

1. Average number of amalgam fillings removed/placed each week: \_\_\_\_\_ / \_\_\_\_\_  
Removed / Placed
  - a. Do you use precapsulated amalgams? Yes No
  - b. Do you use or have bulk mercury onsite? Yes No
2. Scrap (non-contact) amalgam disposal method (*circle one*):
 

Recycle off-site;	Wash down a drain;	Biohazard container;
Garbage;	Hazardous waste;	Other: _____
3. Is a cuspidor used when placing/removing amalgam fillings? Yes No
4. If there are chair-side traps, are they (*circle one*): Disposable? Re-usable?
  - a. How often are chair-side traps cleaned or replaced? \_\_\_\_\_
  - b. How is chair-side trap waste disposed? (*circle one*):
 

Recycle off-site;	Wash down a drain;	Biohazard container;
Garbage;	Hazardous waste;	Other: _____
5. Does your office have a wet (water seal) or dry (turbine) vacuum pump? \_\_\_\_\_
  - a. If the vacuum system is filtered, are filters (*circle one*): Disposable? Re-usable?
  - b. How often is the vacuum filter cleaned or replaced? \_\_\_\_\_
  - c. By whom? \_\_\_\_\_
  - d. How do you dispose of vacuum filter waste? (*circle one*):
 

Recycle off-site;	Wash down a drain;	Biohazard container;
Garbage;	Hazardous waste;	Other: _____
6. How are extracted teeth disposed? (*circle one*):
 

Recycle off-site;	Wash down a drain;	Biohazard container;
Garbage;	Hazardous waste;	Other: _____
7. Does your office use an amalgam treatment separator? Yes No
  - a. If "Yes": What manufacturer/model? \_\_\_\_\_
  - b. Do you have a maintenance contract? \_\_\_\_\_ With whom (list name, address and phone number)? \_\_\_\_\_
  - c. Separator waste disposal method? \_\_\_\_\_
8. If "No", do you intend to install an amalgam treatment separator (and indicate anticipated installation date)? \_\_\_\_\_
9. Has wastewater from your office been analyzed for pollutants, for example mercury and/or silver (If Yes, please attach analytical results)? \_\_\_\_\_

**X-Ray Waste**

- 9. Does your office generate waste x-ray fixer?    Yes    No
  - a. If "yes", how is it disposed? (circle one):
 

Discharge to sewer;	Recycle off-site;	Garbage;
On-site silver recovery system;		Biohazard container;
Other_____		
- 10. If you have an on-site silver recovery system, what type is it? \_\_\_\_\_
  - a. Do you harvest the silver or is the system serviced by others? \_\_\_\_\_
- 11. Do you use x-ray machine cleaning products?    Yes    No
  - a. If "yes", what products are used? \_\_\_\_\_
- 12. How are lead foils disposed?\_(circle one):
 

Garbage;	Recycled;	Vendor;	Other_____
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- 13. How do you dispose of lead shields and aprons? (circle one):
 

Garbage;	Recycled;	Vendor;	Other_____
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- 14. Which vendor, if any, do you use for x-ray waste disposal? \_\_\_\_\_

**Chemical Waste**

- 15. If cold sterilant solution is used, what is its percentage of glutaraldehyde? \_\_\_\_\_
- 16. How is cold sterilant solution disposed? \_\_\_\_\_
- 17. Does your office use an:    autoclave?    chemiclave?
- 18. If a chemiclave is used, how is waste disposed? (circle one;)
 

Wash down a drain;	Garbage;	Biohazard container;
Hazardous waste;	Other:_____	

**Disposal/Recycling**

If a dental waste disposal service disposes of your waste, which service(s) do you use? \_\_\_\_\_

\_\_\_\_\_

If you do not recycle amalgam, what has kept you from doing so? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION F – CERTIFICATION****CERTIFICATION STATEMENT/SIGNATURE**

Federal regulation 40 CFR Part 403.12(1) states that the official signing this application must be:

- A. A responsible corporate officer (president, vice-president, secretary, or treasurer of the corporation) in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or
- B. The manager of one or more manufacturing, production, or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million, if authorized by the corporation to sign documents; or
- C. A general partner or proprietor; or
- D. A duly authorized representative of an individual designated by the regulation, so long as a written authorization is submitted to the City Sewer Department which specifies that the authorized person has a position of responsibility for the overall operation of the facility which generates the wastewater discharge, or responsibility for environmental matters for the company.

In conformance with 40 CFR Part 403.12 (1), I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**End of Dental Practice Wastewater Discharge Survey**