



Dental Facility
PRETREATMENT APPLICATION

Please complete the application and return to: **Persigo Wastewater Treatment Plant** or **City Hall – Planning Department**

Facility Name: _____

Facility Location: _____

Mailing Address: _____

Facility Owner: _____

Facility Contact: _____
Name: _____ Title: _____ Phone # _____

e-mail address: _____

CERTIFICATION STATEMENT

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 assure 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, including the possibility of fine and imprisonment for knowing violations. (Must be signed by Owner/Officer/Manager of the company)

Printed Name & Title: _____

Signature: _____ **Date:** _____

RECEIPT INFORMATION FOR CITY OF GRAND JUNCTION, WWTP OFFICE USE ONLY;

Permit Application Fee: \$ 50.00

Payable to the City of Grand Junction

Account Number 902-615-260-4340_15

Check Paid by: _____ **Check Number:** _____

Received By(signature): _____ **Date Fee Received:** _____

TREASURER RECEIPT NUMBER: _____ **Date Of Treasurer Receipt:** _____

1) Number of Full-Time Dentists in Practice: _____ Part-Time Dentists: _____

2) Names of Dentists: _____

3) Number of Operatories in Facility: _____

4) Does your facility use mercury amalgams? Yes No

5) Does your facility utilize chair side traps? Yes No
If yes, how often are traps cleaned? _____

6) How is the waste collected in chair side traps managed?
 Recycled Washed down sink Put in trash Put in biohazard bag
 Handled as hazardous waste Other: _____

7) Are vacuum filters or any other type of secondary filter in use? Yes No
If yes, how is waste collected from filters managed? Recycled Put in trash
 Washed down sink Put in biohazard bag Handled as hazardous waste
 Other: _____

8) Does your facility utilize amalgam separators? Yes No
If yes, please list for each separator: manufacturer, model, type, ISO certification

Indicate how separator wastes will be disposed. (amalgam sludge, carbon filters, etc.)
 Recycled by separator vendor Recycled by facility Other: _____

9) Is any other wastewater treatment method in use to capture amalgam particles? Yes No
If yes, please explain: _____

10) Is waste amalgam stored under water? Yes No
If yes, is this water discharged to sanitary sewer? Yes No

11) Are pharmaceuticals kept/stored at this facility? Yes No
If yes, describe disposal methods:

12) Does your facility utilize digital X-Ray equipment? Yes No

13) Does your facility do X-Ray film development on site? Yes No
If yes, how is x-ray fixer chemical disposed?
 Onsite silver recovery with treated water discharged to sanitary sewer

- Sent to off-site recycling by vendor
- Discharged to sanitary sewer without silver recovery
- Other: _____

14) Other Dental Best Management Practices (BMPs) in use: _____

All Dental facilities must comply with EPA 40 CFR Part 441, Effluent Limitations Guidelines and Standards for the Dental Office Category.

Mail Completed Form To:
Industrial Pretreatment Program
251 27 Road
Grand Junction, CO 81503
970-256-4180