



CITY OF NEWBURGH

83 Broadway, Newburgh, New York 12550

Phone: (845) 569-7447

www.cityofnewburgh-ny.gov

APPLICABILITY OF DENTAL FACILITIES REQUIRED TO SUBMIT A ONE-TIME COMPLIANCE REPORT

This form contains the information dental facilities must submit to determine if it is required by the Effluent Limitations Guidelines and Standards to submit a one-time compliance report. See [the applicability section \(§ 441.10\)](#) for more information.

Once completed, please mail to:

CITY OF NEWBURGH

Office of the Engineer

Attn.: Pre-treatment Coordinator

83 Broadway, Newburgh, New York 12550

(845) 569-7447/Fax (845) 569-7349

General Information of the Facility:

1.1 Name of Dental Facility:					
1.2 Physical Address of Dental Facility:					
City:		State:		Zip:	
1.3 Mailing Address					
City:		State:		Zip:	
1.4 Dental Facility Contact:					
Phone:		Email:			
1.5 Names of Owner(s):					
1.6 Names of Operator(s) if different from Owner(s):					

Exemptions (If your facility falls under one or more of these exemptions, please indicate all that apply):

<input type="checkbox"/>	441.10 (c) The facility indicated above exclusively practices one or more of the following dental specialties: Oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.
<input type="checkbox"/>	441.10 (d) The facility indicated above is a mobile unit operated by a dental discharger.
<input type="checkbox"/>	441.10 (e) The facility indicated above does not discharge any amalgam process wastewater to the City/Town of Newburgh sewer system, such as dental dischargers that collect all dental amalgam process wastewater for transfer to a Centralized Waste Treatment facility as defined in 40 CFR part 437.
<input type="checkbox"/>	441.10 (f) The facility indicated above is a Dental Discharger that does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances, and that certify such to the City of Newburgh's Pre-Treatment Coordinator as required in § 441.50 are exempt from any further requirements of this part.

Certification Statement

<p><i>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.</i></p> <p><i>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.</i></p>			
Authorized Representative Name (print name):			
Phone:		Email:	
Authorized Representative Signature		Date	

Note to dental facilities: If you need further assistance, please contact the Department of Engineering, City of Newburgh.