

Industrial Survey Questionnaire

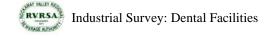
Dental Facilities

PREFACE: Every effort has been made to simply the following application. If there are any

questions with regards to the completion of this application, please contact the RVRSA's Industrial Pretreatment Program at (973) 263-1555 ext. 213 or e-mail at

nataliep@rvrsa.org

Facility Name:				
Address:				
Town:	State:	NJ	Zip Code: _	
Mailing Address: If same as above, please che	ck here).			
Facility Name: Address:				
City/Town:	State:	NJ	Zip Code:	
SECTION B: DENTAL A			_	
SECTION B: DENTAL A	CTIVITY OR SERVICES		_	
City/Town: SECTION B: DENTAL AC B.1 Give a brief descript	CTIVITY OR SERVICES		_	



	If YES, describe the location of where the separator has been installed?				
В.3	Has this location registered Bureau of Pretreatment and	•	Department of Environmental (NJDEP) ental Amalgam Program?		
	Yes No				
SEC 1	ΓΙΟΝ C: ADDITIONAL IN	NFORMATION			
facilit Practi criteri amalg	ties subject to the dental and ces (BMPs) by October 1, 20 a by October 1, 2009. Facil	nalgam regulation was one must install a lities that opened after	tted by the BPR and the RVRSA. All dental were required to implement Best Management an amalgam separator that meets the ISO 11143 er October 1, 2007 shall immediately install an regulation shall register and certify compliance		
	al facilities are required to c ing the period 10/1 to 9/30 of	•	and 12/31 of each year, with the certification		
	E: The NJDEP dental ama ate amalgam waste through p		oplicable ONLY to those dental facilities that oval of amalgam.		
For a	dditional information, please	visit: http://www.nj.g	gov/dep/dwq/dap.htm		
result	t in the RVRSA Industrial	Pretreatment Prog	tall an amalgam separator (if applicable) will ram (IPP) issuing this location an Industrial ire yearly sampling, inspections and permit		
SEC 7	ΓΙΟΝ D: CERTIFICATIO	<u>N</u>			
of the that t and p signif	ose individuals immediately r he submitted information is a pollutant discharges to the	responsible for obtai true, accurate, comp RVRSA's sewerage	information submitted. Based upon my inquiry ning the information reported herein, I believe lete, and representative of normal work cycles treatment plant. I am aware that there are on, including the possibility of fines and/or		
Nam	ne (Please print)		Title		
Sign	ature	Date	Telephone No.		