

WACO METROPOLITAN AREA REGIONAL SEWERAGE SYSTEM (WMARSS)

Cities of: ♦ Bellmead ♦ Hewitt ♦ Lacy Lakeview ♦ Lorena ♦ Robinson ♦ Waco ♦ Woodway

Dental Wastewater Survey

The City of Waco Code of Ordinances (Chapter 26 Division 2) and Federal regulations [40 CFR 403.8(f)(2)(i)] require Control Authorities to identify and locate all Users that might be subject to the pretreatment program. Please take a few minutes and complete this survey as accurately as possible and return it to the WMARSS. Use additional paper if more room is needed. Thank you for your time and please contact the Pretreatment Team should you have any questions.

Company and/or Dentist name: _____
Physical address: _____ City, State: _____ ZIP: _____
Mailing address: _____ City, State: _____ ZIP: _____
Primary contact for this Dentist Office and title: _____
Phone: (____) _____ - _____ Email address: _____
Date operations started at present site: _____
Estimated daily water usage in gallons (from past 12 months water bill): _____
Number of employees: _____ Days of operation: _____
Number of dental chairs: _____ NAICS Code # _____

- 1) Are amalgams removed at this facility? YES _____ NO _____
If YES, at what frequency? _____

- 2) Are amalgams installed at this facility? YES _____ NO _____
If YES, at what frequency? _____

- 3) Does this facility use an chairside amalgam trap? YES _____ NO _____
If YES, describe the type, removal efficiency, routine inspection and maintenance:

- 4) Does this facility use an amalgam separator? YES _____ NO _____
If YES, describe the type, removal efficiency, routine inspection and maintenance:

- 5) How does this facility dispose of waste amalgam?

- 6) Does this facility have X-Ray unit/s that produce photographic or X-Ray fixer waste?
YES _____ NO _____ If YES, how many? _____

- 7) Does this facility have a silver recovery unit installed to treat photographic or X-Ray fixer waste?
YES _____ NO _____ If YES, how is this waste disposed?

- 8) Does this facility generate medical waste? YES _____ NO _____
If YES, how is this waste disposed?

9) Please provide the name/s of any waste service provider/s used to dispose of this waste, if applicable.

10) Please provide the City Water Account number/s associated with this business:

11) Has this company and/or dentist been notified of the proposed EPA Dental Categorical Industrial User (DIU) pretreatment standards?

YES _____ NO _____

Name of person completing survey (please print): _____

Authorized Signature: _____

Title: _____

Date: _____

Please be advised that a City representative may conduct a follow up inspection and/or contact the addressed recipient for information.

Completed surveys may be submitted by mail, fax, or email to:

**Lisa Locaynia,
Pretreatment/Environmental Compliance Supervisor
WMARSS
P.O. Box 2570
Waco, Texas 76702-2570
Fax: (254) 299-2453
Email: LisaL@wacotx.gov
Phone: (254) 299-2446
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