



Metropolitan Council Environmental Services
 Industrial Waste & Pollution Prevention Section
 390 Robert Street North
 St. Paul, MN 55101-1805

For MCES Use Only

Date Received: _____
 Office ID: _____

DENTAL OFFICE SURVEY RESPONSE REQUIRED

This survey is being sent to you from Metropolitan Council Environmental Services (MCES). MCES operates the wastewater treatment plants in the seven-county metropolitan area. As part of such operations, MCES must administer a program ensuring that all businesses comply with its wastewater rules and U.S. Environmental Protection Agency (EPA) wastewater rules. **You are required to complete and return this survey to the address listed above, or scan the survey and e-mail it to iwpp@metc.state.mn.us.** For questions call 651-602-4703.

Please complete a separate survey for each dental office you operate in the seven-county metropolitan area.

General Information

Dental Office Name: _____ Phone: _____
 Address and Suite: _____ City, State, Zip: _____
 Responsible Dentist: _____ Office Owner: _____
 Email: _____

Dental practice start date at this location: _____

Has this office taken over operations from a previous office (e.g., retiring dentist) within the past 2 years? __ Yes __ No
 If Yes, name of previous office: _____ Previous dentist: _____

This office discharges wastewater to: Sanitary sewer Septic system

Minnesota Department of Health X-Ray Registration number: _____

Dental Office Type Check all that apply. If none apply, check here

_____ General Dentistry _____ Endodontic _____ Prosthodontic _____ Oral Radiology
 _____ Orthodontic _____ Periodontal _____ Oral Surgery _____ Oral Pathology

Dentist and Operatory Information

Number of full-time equivalent dentists: _____
 Number of operatories for amalgam placements or removals: _____
 Number of operatories for hygiene or other non-amalgam work: _____
 Total number of operatories: (should be sum of above) _____

Amalgam Separator

Does this office have an amalgam separator in place? Yes No If yes, provide the following information:

Is this separator shared with another office? Yes No Office name(s): _____

Separator manufacturer/distributor: _____ Model: _____
 Serial Number (main unit, not filter SN): _____ Date installed: _____
 Frequency of inspection: _____

Certification

By signing, this office certifies that the information above is correct, and where applicable regarding amalgam, this dental office is properly operating and maintaining its amalgam separator for treating vacuum system wastewater, and amalgam and other wastes are being managed in accordance with the Best Management Practices listed on MCES's website: www.metrocouncil.org/AmalgamRecoveryProgram.aspx

 Signature of Owner, Partner, or Duly Authorized Representative Date