Metropolitan Council Environmental Services

 Industrial Waste & Pollution Prevention Section

 390 Robert Street North

 St. Paul, Minnesota 55101-1805



*For IWPP Use Only*

Date Received: \_\_\_\_\_\_\_\_

Clinic ID: \_\_\_\_\_\_\_\_\_\_\_

# Dental Clinic General Permit Application

## Amalgam Recovery Program

### General Information

| Dental clinic name: |  |
| --- | --- |
| Responsible dentist: |  |
| Clinic address: |  |
| Clinic phone: |  |
| Email: |  |
| Alternate contact: | List below the person responsible for the amalgam separator if different from the responsible dentist. |

| **Name and Title:** |  |
| --- | --- |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |

**MDH X-Ray Registry ID:** **\_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_ (Format is XX-XXX or XX-XXXXX)**

Clinic discharges wastewater to: [ ]  city sanitary sewer [ ]  septic tank

**Please indicate how you would like the name (clinic or dentist) to appear on your Certificate of Compliance:**

|  |
| --- |

Do you operate other dental clinics in the seven-county metro area that are not registered with the Met Council?

|  | Yes |  | No | If yes, please attach information showing the clinic name(s) and address(es).  |
| --- | --- | --- | --- | --- |

Dental Clinic Type (Check all that apply)

|  | 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:** |  |

### Amalgam Separator Information Separator 1 Separator 2

| Separator manufacturer/distributor: |  |  |
| --- | --- | --- |
| Model name and/or number: |  |  |
| Serial Number (main unit, not filter SN): |  |  |
| Date of installation: |  |  |
| Name of clinic if separator is shared: |  |  |

### Waste Solids Handling (check and list below those responsible for handling waste amalgam and separator solids)

|  | Clinic staff |  | Dental supply company |  | Other: |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Contract company |  | Separator company |  |  |  |

| Carrier(s) shipping waste amalgam and separator solids: |  |
| --- | --- |
| Company receiving waste amalgam and separator solids: |  |

***The dental clinic is responsible for ensuring the proper handling of waste amalgam and separator solids and should receive confirmation that these waste solids are received at the proper destination.***

### Email completed form to: iwpp@metc.state.mn.us