

Dental Clinic Annual Certification Statement

Log into the MCES Industrial Online Reporting System at: metro council.org/IORS

Submitting your Annual Certification Statement

From the “My Dashboard” tab, look for the submittal type “Dental Clinic Annual Certification Statement.”

Click on the edit button.

The screenshot shows the MCES Industrial Online Reporting System interface. At the top, there's a navigation bar with "My Dashboard", "Submittal", and "My Account" tabs. The user is logged in as "Ashley".

On the left, there's a "Start a New Submittal" button and a "Message Center" with notifications for submittals, email, and payment due.

The main content area is divided into two sections:

- Upcoming Submittal Obligations:** A table with 11 columns: Edit, Facility, Permit No, Submittal Type, Monitoring Point, Application Category, Monitoring Period, Due Date, Report Status, Submit Date, and Submittal Status. One row is highlighted with a red circle around the "Edit" button. The row details are: Facility: ##TEST - Tina Dental 1 828, Permit No: #018, Submittal Type: Annual Certification Statement - Dental Offices, Monitoring Point: SP-01, Application Category: Report, Monitoring Period: 7/1/2022 - 6/30/2023, Due Date: 06/30/2023, Report Status: Over Due.
- Permits / Licenses:** A table with 4 columns: Facility, Owner Info, Issuance Info, and Critical Dates. One row is shown for Facility ##TEST - ALC Dental 2. Issuance Info includes: #D002 - General - Dental Clinic, Status: Issued, Permit Name: General - Dental Clinic, App#: - Dental Clinic Annual Certification Statement. Critical Dates include: Issued on 01/04/2024, Effective on 07/01/1994, and Expired on 06/30/1999.

1. Data Entry

Step 1: Contact Information

Below the grey header there is a blue table that displays the clinic’s contact information. Please review and update the contact information for your clinic.

Note: Scroll to the right of the screen to see all the information about the contact.





Facility Name: ##TEST - ALC Dental Facility Location: 1 TEST LN, ST PAUL, Hennepin, MN 55101 Permit No.: #AD1
Mailing Address: 1 TEST Lane , ST PAUL, MN 55101 County: Hennepin Reporting Period:

Carefully review your Facility’s contact information below. To make updates to a contact, click on the icon to the very left. If a contact is no longer active at your facility, click on the

	Responsibility Type	Status	Salutation	First Name	Middle Initial	Last Name	Job Title	Contact Mailing Address	Add
	Primary Responsible Dentist		Mr	Test	E	Person	Primary	12 TEST Lane	
	Field			Jane	C	Doe	Payroll	10 Test Lane	

Add New Contact

To remove: If the person no longer works at the facility change the status from “Active” to “Inactive” by clicking on the **green** check mark button in the status column of the table. The status will change to a **red** “X” mark.

	Responsibility Type	Status	Salutation	First Name	Middle Initial	Last Name	Job Title
	Primary Responsible Dentist		Mr	Test	E	Person	Primary
	Field			Jane	C	Doe	Payroll

To add: Click the **yellow** “Add New Record” button. The page will display a pop-up window for you to enter in the contact information for a new contact person. Then click the “Save” button.

To edit: Click the “edit” symbol (far left column) in the row of the respective person whose contact information needs to be updated. The page will display a pop-up window for you to enter in the updated information. Then click the “Save” button.

Name Change: To make a correction, enter the correct name in the “Name Change and Reason” box and provide a brief reason for the correction.

Step 2: Clinic Information

Enter the name of the dental office owner (person(s), corporation, etc.) in the box provided. Click on the radio button to answer question 2.

* 1. What is the name of the dental office owner (person(s), corporation, etc.)?

* 2. Has there been an ownership change for this dental office since June 30 of last year? Yes No

* 3. Hours of Operation

* 4. Has your dental office changed its physical location since the submittal of your last Annual Statement? Yes No

* 5. Do you operate any other dental offices in the seven county Minneapolis-St Paul Metropolitan Area that are not registered with MCES? Yes No

Display MDH Registry ID Number:

* 6. Is the MDH Registry ID displayed above correct? Yes No

Hours of Operation: We’d like you to provide the hours of operation for the dental clinic.

To add: Click the **yellow** “Add New Record” button. A row will appear on the table. Select the information from each drop down then click the **green** check mark button to lock down the row before you add another row to the table.



To edit: Click the “edit” symbol (paper and pencil icon) in the row that needs correction. Make the correction using the drop down and then click the **green** check mark button to lock down the row.

Note: If there is a blank row in the table, please delete it.

Then click on the radio buttons to answer questions 4 through 6.

Step 3: Amalgam Separator Information

Please review and edit the amalgam separator information in the table below as needed.

	Status	Separator Manufacturer	Model Name/Number	Serial Number	Date Installed
		Solmetex	G1264	123456	03/01/2023

Add New Record

If the separator listed is no longer used, click the green status symbol which indicates the separator is no longer used.

To edit: Click the “edit” symbol (paper and pencil icon). A window will open for you to correct the information. Then click the “Save” button.

To add: Click the yellow “Add New Record” button. Enter the information for your new separator and click the “Save” button.

For questions 2 through 14, please enter your response in the box provided or use the radio button to choose your answer.

Click the “Save” button and then the “Next” button.

General Comments

If you have any further comments that were not provided on the previous page, please enter that information in the field provided.

Click the “Save” button and then the “Next” button.


2. Attachment


The Attachment page allows you to select a method of attaching additional documents and forms necessary to complete the **Dental Clinic Annual Certification Statement**.

To the right of each attachment type is a radio button to select how the document will be submitted.

Attachment


The maximum file size allowed is 10MB. Please make sure the file you want to upload is smaller than 10MB.

 **Supporting Documents (Optional)**
There are no required attachments for dental clinics at this time. Online Mail Other N/A

 **Certification of Signatory Authority (Optional)**
Facility must submit this form for the Signatory Authority(ies), which certifies that they meet the definition of a signatory authority and that they accept the responsibility for the compliance with all regulatory requirements for the facility's wastewater discharges. Online Mail Other N/A
Click to download the form: [Certification Of Signatory Authority](#)


Exit **Save** **Previous** **Next**

Online - If you select the “**Online**” option, the screen will show a **red “Upload”** button.

 **Certification of Signatory Authority (Optional)**
Facility must submit this form for the Signatory Authority(ies), which certifies that they meet the definition of a signatory authority and that they accept the responsibility for the compliance with all regulatory requirements for the facility's wastewater discharges. Online Mail Other N/A
Click to download the form: [Certification Of Signatory Authority](#)

Upload (Please upload one file at a time. Repeat the Upload process if you have multiple files.)

Attachment description:



To proceed, click on the “**Upload**” button and the “**Browse**” button to search for the document that you would like to attach. Click the **Save**” button to attach the document to this submission.

Note: More than one document can be uploaded to each attachment type.

If you attached a document in error, please click on the **red “X”** button to remove the attachment.


Mail - If you select the “**Mail**” option, the page will update to show the address the document should be mailed to. Please mail documents to:

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

Click the “Save” button and then the “Next” button.


3. Validation



The **Dental Clinic Annual Certification Statement** must pass the system validation before submission.



 In form Dental Clinic Annual Certification Statement:

- One (1) Signatory Authority contact must be specified in Contact Information.
- One (1) Responsible Dentist contact must be specified in Contact Information.

Application Form(s) Summary

Click on the [hyperlinks](#) below to return to a specific section of the online form
Click on the PDF  [hyperlink](#) below to open/save/print the PDF form

 [Dental Clinic Annual Certification Statement](#)  [Preview My Submittal](#)

-  [General Information](#)
-  [Comment on Reports](#)

Attachment(s) Summary

-  [Supporting Documents](#)
-  [Certification of Signatory Authority](#)

[Exit](#) [Previous](#) [Next](#)

A **red** “X” indicates that this section of the form did not pass the validation.

To navigate to the error and make corrections, click on the wording following to the **red** “X.” Make the appropriate changes and save before going back to the validation page. **You will not be able to submit the report until the red “X” is cleared.**

A **green** check mark indicates that this section of the form passes the validation.

Previewing your Submission

If you want to look at a pdf version of the Dental Clinic Annual Certification Statement prior to submitting it, click the “**Preview My Submittal**” link. This will launch a window for you to view the submission.

Note: Viewing this pdf does not mean that you have submitted the form. Look over the form but do not save a copy of the preview. When the form is submitted, you will receive a final signed pdf copy of the form via email.

 [Dental Clinic Annual Certification Statement](#)  [Preview My Submittal](#)

-  [General Information](#)
-  [Comment on Reports](#)

After passing all validation checks, proceed to the Submission page by clicking on the blue “**Next**” button.

4. Submission

Only users with the account type Responsible Official (RO) can certify, sign, and submit reports using the online reporting system.

Consultants – If you are signed in under an account type Consultant, you will see a **green** button “**Notify owner ready for review and submittal.**” Click on the button and an email notification will be sent to all Responsible Officials for this submittal stating that the submittal is ready for their review and submittal.

The Responsible Official must locate the submittal under the “Edit Pending Submittals” option from the “Submittal” tab on the home page. For instructions on how to find the submission, go to the “Editing an Unfinished Submittal” instructions to complete the submittal.

Responsible Officials – If you are signed in under an account type Responsible Official you can complete the submittal.

Please read through the certification statement and check the box.

Answer the security question and enter your PIN number in the appropriate boxes.

Note: If you forgot your security question or PIN, hit exit and go to **My Account** on the homepage to get a new one. Then go back to complete the submission.

Click on the “**Submit**” button at the bottom of the page to submit the **Dental Clinic Annual Certification Statement.**

Copy of Record

After submitting the **Dental Clinic Annual Certification Statement**, you will see a Copy of Record (COR) receipt, which includes information on who submitted the form, which form was submitted, attachments, etc. You will also receive an email that includes this information. In addition, the email includes an Adobe Acrobat pdf file of the submission for your records.

View Past Submittals

To view past submissions, log into the MCES Industrial Online Reporting System at: metro council.org/IORS

From the homepage, click on the “View all Historical Submittals” button.

The grid view under the “Submittal List” shows details about the submittal, submitted date, review status, and monitoring period. The **Status** types are:

- Complete Submittal – Report has been submitted by the Responsible Official.
- Partial Submittal – Report has been submitted by the Responsible Official, however the user designated that they would mail in an attachment rather than submitting the document online.
- Approved – Report has been accepted by MCES and is under further review.
- Revision Archived – You or MCES has requested a revision on that submittal.

To view a submission, click on the yellow “View” button.

Detail	Submittal Information	Submitted Date	Review Status	Facility Information	Monitoring Period	Due Date
View	4022 - Dental Office Amalgam Recovery Program Annual Statement Department Type: REPORT Program Type: DENTAL Form Type: DENTAL PermitNo.: #AD1	03/31/2017 16:22 PM	Complete Submittal	#TEST - ALC Dental	01/01/2000 ~ 12/31/2000	

On the next page, click the blue link named “Dental Clinic Annual Certification Statement – Form View” shown in image below. This will open a pdf version of the submittal.

Back to Search

(32444) Dental Clinic Annual Certification Statement

Submitted on: 4/1/2024 10:57:59 AM (Timespan: 12 Business Days)

Facility: ##TEST - ALC Dental 2

Address: 10 TEST Lane , ST PAUL, MN 55101

Owner: Ashley Corbeille

Form Type: DENTAL

Permit#: #D002

Monitoring Period: 07/01/1995 - 06/30/1996

Due Date: 06/30/1996

Required Documents: 0 (Non-Review: 0)

Receipt: [Click on this](#)

Send **Notification**

Original/Revision

Submittal | Attachment | Correspondence | Email History

Click the form link under "Application Form(s) Detail" to view the submitted Application Form.

Application Basic Information

Submittal ID: **32444**

App Name: **Dental Clinic Annual Certification Statement**

Submitted Date: **4/1/2024 10:57:59 AM**

Submitted by: **Ashley Corbeille**
455 Etna Street
55101 MN 55101
651-602-4717
ashley.corbeille@metc.state.mn.us

Review Status: **Approved**

Application Form(s) Detail

[Online Dental Clinic Annual Certification Statement](#) [Dental Clinic Annual Certification Statement - Form View](#)

MCES Requests Revision

If you receive an email that states a revision is requested, you will need to make those corrections within 5 business days.

Log into the MCES Industrial Online Reporting System at: metro council.org/IORS

From the homepage, click the “View All Pending Submittals” button.

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MCES Industrial Online Reporting

My Dashboard | Submittal | My Account | Hello, Ashley

Start a New Submittal

[Submit Report](#)

Message Center

- Submittals
- 53 Recent Email(s) for submitted submittals.
- 0 payment due submittals.
- Permits/Licenses
- No message need your attention.
- Inspections
- No message need your attention.

Upcoming Submittal Obligations

1 - 1 of 1 item(s)

Edit	Facility	Permit No	Submittal Type	Monitoring Point	Application Category	Monitoring Period	Due Date	Report Status	Submit Date	Submittal Status
Edit	##TEST - Tina Dental 1 828	#018	Annual Certification Statement - Dental Offices	SP-01	Report	7/1/2022 - 6/30/2023	06/30/2023	Over Due		

[View All Pending Submittals](#) [View all Historical Submittals](#)

Permits / Licenses - Click the icon to print your permit/certificate

1 - 15 of 21 item(s)

Facility	Owner Info.	Issuance Info.	Critical Dates
##TEST - ALC Dental 2		#D002 - General - Dental Clinic Status: Issued Permit Name: General - Dental Clinic App#: - Dental Clinic Annual Certification Statement	Issued on 01/04/2024 Effective on 07/01/1994 Expired on 06/30/1999

Locate the submission – the status will be ‘Revision’ and you will not be able to delete the submission (“x” is gray and disabled).

Unfinished Submittals

1 - 3 of 3 item(s)

Delete	Edit	Submittal Information	Facility Name	Form Type	Report Frequency	Monitoring Point	Monitoring Period	Due Date	Status	Last Updated Date
		32464 - Dental Clinic Annual Certification Statement Department Type: REPORT Program Type: DENTAL PermitNo.: #D002 Status: Revision	#TEST - ALC Dental 2	Dental Clinic Annual Certification Statement			07/01/1996 ~ 06/30/1997	06/30/1997	Revision	04/17/2024 17:23 PM

Click on the pencil and paper icon to open up the Dental Clinic Annual Certification Statement.

Make the necessary changes to the data entry form or add additional attachments (if applicable). Click the Save and Next button until you get to the final submission page. Check the box in front of the certification statement, answer the security question, enter your 4-digit PIN, and click the submit button.

Request a Revision

Once a submittal is completed you must send a **Request for Revision** to make changes.

Note: You can only request a revision on a submittal that has the status of “Complete Submittal” or “Partial Submittal”. If the status is “Approved”, please contact MCES to tell us what changes are needed.

From the homepage, click on the “**View all Historical Submittals**” button.

MCES Industrial Online Reporting

Hello, Ashley

My Dashboard | Submittal | My Account

Start a New Submittal
Submit Report

Message Center
Submittals: 63 Recent Email(s) for submitted submittals.
0 payment due submittals.
Permits/Licenses: No message need your attention.
Inspections: No message need your attention.

Upcoming Submittal Obligations
1 - 1 of 1 item(s)

Edit	Facility	Permit No	Submittal Type	Monitoring Point	Application Category	Monitoring Period	Due Date	Report Status	Submit Date	Submittal Status
	#TEST - Tina Dental 1 828	#018	Annual Certification Statement - Dental Offices	SP-01	Report	7/1/2022 - 6/30/2023	06/30/2023	Over Due		

[View All Pending Submittals](#) | [View all Historical Submittals](#)

Permits / Licenses - Click the icon to print your permit/certificate
1 - 15 of 21 item(s)

Facility	Owner Info.	Issuance Info.	Critical Dates
#TEST - ALC Dental 2		#D002 - General - Dental Clinic Status: Issued Permit Name: General - Dental Clinic App#: - Dental Clinic Annual Certification Statement	Issued on 01/04/2024 Effective on 07/01/1994 Expired on 06/30/1999

Locate the submittal you want to correct and click the **yellow View** button.

Submittal List

1 - 15 of 211 item(s)

Detail	Submittal Information	Submitted Date	Review Status	Facility Information	Monitoring Period	Due Date
	32464 - Dental Clinic Annual Certification Statement Department Type: REPORT Program Type: DENTAL Form Type: DENTAL PermitNo.: #D002	04/17/2024 17:28 PM	Complete Submittal	#TEST - ALC Dental 2	07/01/1996 ~ 06/30/1997	06/30/1997

On the next page, near the bottom of the page you will see a box next to “Reason for Revision”. Enter in this box what you would like to correct on your report and click the “Request for Revision” button.

The screenshot displays the MCES Industrial Online Reporting System interface. At the top, there is a navigation bar with a "Back to Search" link. Below this, a summary card for submission ID 32464 is shown, including details like "Dental Clinic Annual Certification Statement", "Submitted on: 4/17/2024 5:28:25 PM", "Facility: #TEST - ALC Dental 2", "Address: 10 TEST Lane, ST PAUL, MN 55101", "Owner: Ashley Corbelle", "Form Type: DENTAL", "Permit#: #D002", "Monitoring Period: 07/01/1996 ~ 06/30/1997", "Due Date: 06/30/1997", and "Required Documents: 0 (Non-Review: 0)". A "Complete Submittal" status is indicated with a red icon. Below the summary card are tabs for "Submittal", "Attachment", "Correspondence", and "Email History". A yellow banner prompts the user to click the form link under "Application Form(s) Detail" to view the submitted Application Form. The "Application Basic Information" section lists the submittal ID (32464), app name (Dental Clinic Annual Certification Statement), submitted date (4/17/2024 5:28:25 PM), and submitter details (Ashley Corbelle, 455 Etha Street, 55101 MN 55101, 651-602-4717, ashley.corbelle@metc.state.mn.us). The review status is "Complete Submittal". The "Application Form(s) Detail" section shows links for "Online Dental Clinic Annual Certification Statement" and "Dental Clinic Annual Certification Statement - Form View". The "Application Revision" section features a text input field for "Reason for Revision:" and a "Request for Revision" button, both of which are circled in red.

MCES staff will review your request and either approve or deny your request.

If your request is approved, you will receive a system generated email telling you it was approved. You have 5 business days to make corrections.

Follow these steps to re-submit the Dental Clinic Annual Certification Statement:

- Log into the MCES Industrial Online Reporting System at: metro council.org/IORS
- From the homepage, click the “View All Pending Submittals” button.
- Locate the submission – the status will be ‘Revision’ and you will not be able to delete the submission (“x” is gray and disabled).
- Click on the pencil and paper icon to open up the Dental Clinic Annual Certification Statement.
- Make the necessary changes to the data entry form or add additional attachments (if applicable). Click the Save and Next button until you get to the final submission page.
- Check the box in front of the certification statement, answer the security question, enter your 4-digit PIN, and click the submit button.

Questions

Contact the Metropolitan Council Environmental Services Industrial Online Reporting support team, Monday-Friday from 8:00 am to 4:00 pm.

651-602-4789

MCESIndustrialOnlineReporting@metc.state.mn.us