



Amalgam Separator Installation Report Form

INSTRUCTIONS

Send this completed form **with the required copies of the purchase receipt and proof of installation**, to the address below, within 14 days of your separator installation deadline date*.

SFPUC BERM
Bayview Plaza
3801 - 3rd Street, Suite 600
San Francisco, CA 94124
Attention: Dental Amalgam Reduction Program

* *Your separator installation deadline is 6 months from the effective date of your dental wastewater discharge permit.*

S A N F R A N C I S C O P U B L I C U T I L I T I E S C O M M I S S I O N

Bureau of Environmental Regulation and Management

3801 THIRD STREET, SUITE 600, SAN FRANCISCO, CA 94124 • Tel. (415) 695-7310 • Fax (415) 695-7388

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SECTION A – BUSINESS NAME AND ADDRESSES

NAME OF DENTAL PRACTICE:			
SITE ADDRESS OF DENTAL PRACTICE:		MAILING ADDRESS:	
Site Address		Mailing Address	
City, State	Zip Code	City, State	Zip Code

SECTION B – AMALGAM SEPARATOR INFORMATION

Wastewater Discharge Permit No.: _____ (as indicated on your Permit)

NOTE:

- Copies of the amalgam separator purchase receipt AND proof of installation **MUST** be included with this form.
- Refer to the “List of approved amalgam separators” (provided under separate cover) or go to <http://pollutionprevention.sfwater.org> to view to most current listing.
- Vendors who would like to have a separator model approved by the City should contact the SF Department of the Environment at (415) 355-3700.
- Dentists with questions regarding their permit or separators, including inquiries into having a larger separator installed in a big office building, should contact the San Francisco Public Utilities Commission BERM at (415) 695-7310.

Amalgam Separator Information	
Manufacturer Name	
Brand Name / Model	
Technology Utilized (Check “X” all that apply)	<input type="checkbox"/> Filtration <input type="checkbox"/> Settlement <input type="checkbox"/> Ion Exchange <input type="checkbox"/> Centrifuge
Vendor Name	
Vendor’s Tel. No.	() -
Installation Date	

Proof of purchase AND installation attached: YES

SECTION C – CERTIFICATION STATEMENT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name

Title

Signature

Date