

**CITY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
LA SANITATION**



**INDUSTRIAL WASTEWATER PERMIT APPLICATION
(DENTAL OFFICE OR CLINIC)**

FOR LA SANITATION USE

Received Date: _____
Receipt Number: _____
Fee Collected: \$ _____
Inspection District No: _____
IU No.: _____
Permit No.: _____
Forwarded to: SIU DIU LIU

Instructions for completing the permit application are located on Pages 6 and 7.
For additional assistance please call (323) 342-6200.

Section 1. FILING STATUS (Check One)

- A. New or Proposed Point of Discharge to Sewer
- B. Existing, but Un-permitted Point of Discharge to Sewer
- C. New Ownership Previous Company Name: _____
Previous Permit Number: _____

Section 2. COMPANY INFORMATION

- A. City of Los Angeles Business Tax Registration Certificate (BTRC) – Account No.: _____
- B. Legal Business Name: _____
Ownership Type: Corporation Partnership Sole Proprietor Limited Liability Corporation
- C. Company Doing Business As (dba): _____

D. Business Officers Names and Titles

| Proprietors/Partners/Corporate Officers | Title or Position |
|---|-------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

E. Facility Location:

Address: _____
(Street) (City) (State) (Zip)

Facility Contact Person: _____ Phone: (____) _____ Ext. _____
Title: _____ Email Address: _____

F. Billing Address:

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Attention Name: _____ Phone: (____) _____ Ext. _____

G. Mailing Address:

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Attention Name: _____ Phone: (____) _____ Ext. _____

H. Property Owner/Management Company:

Property Owner/Manager Name: _____

Address: _____
(Street) (City) (State) (Zip)

Attention Name: _____ Phone: (____) _____ Ext. _____

INDUSTRIAL WASTEWATER PERMIT APPLICATION (Continued)

(DENTAL OFFICE OR CLINIC) Company Name: _____

Section 3. DENTAL OFFICE OR CLINIC DESCRIPTION

- A. Describe Type of Business: Office of Dentists
 Dental Laboratory
 Other _____
- B. Date operation began /or will begin? (mm/dd/yyyy): _____
- C. Number of Employees: _____ Number of Shifts: _____
- D. Hours of Operation: _____ am/pm to _____ am/pm Days Per Week: **S M T W Th F S**
(Circle All Applicable Days)
- E. Estimated Flow to Sewer: _____ gpd (gallons per day)
- F. Describe Operations: _____
- _____
- _____

Section 4. LIST ALL DENTISTS

| Name <small>(Print First and Last)</small> | Operating days / week | Which days of the week? <small>(Circle all that apply)</small> | Does the Dentist Remove or Place Amalgam? |
|---|-----------------------|---|--|
| | | S M T W Th F S | <input type="checkbox"/> Place <input type="checkbox"/> Remove <input type="checkbox"/> None |
| | | S M T W Th F S | <input type="checkbox"/> Place <input type="checkbox"/> Remove <input type="checkbox"/> None |
| | | S M T W Th F S | <input type="checkbox"/> Place <input type="checkbox"/> Remove <input type="checkbox"/> None |
| | | S M T W Th F S | <input type="checkbox"/> Place <input type="checkbox"/> Remove <input type="checkbox"/> None |
| | | S M T W Th F S | <input type="checkbox"/> Place <input type="checkbox"/> Remove <input type="checkbox"/> None |
| | | S M T W Th F S | <input type="checkbox"/> Place <input type="checkbox"/> Remove <input type="checkbox"/> None |
| | | S M T W Th F S | <input type="checkbox"/> Place <input type="checkbox"/> Remove <input type="checkbox"/> None |

Section 5. AMALGAM SEPARATOR DESCRIPTION

| | |
|---|--|
| Manufacturer Name: | |
| Brand Name / Model: | |
| Technology Utilized: <small>(Check all that apply)</small> | <input type="checkbox"/> Filtration <input type="checkbox"/> Settlement <input type="checkbox"/> Ion Exchange <input type="checkbox"/> Centrifuge |
| Installation Date: | |

Section 6. SIGNATORY REQUIREMENT

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 assure 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.

| | |
|----------------------------------|-----------|
| NAME - AUTHORIZED REPRESENTATIVE | SIGNATURE |
| OFFICIAL TITLE | DATE |

| FOR LA SANITATION USE | | | | |
|--|-----------|------|---------------|------|
| IU Type (Check One): Forwarded to: Dental Inspection Section | Inspector | Date | Sr. Inspector | Date |

Make check for \$616.00 payable to "Department of Public Works"
and return to the following address:

City of Los Angeles/Bureau of Sanitation
Industrial Waste Management Division
2714 Media Center Drive
Los Angeles, CA 90065

Attn: Pamela La Beau, Chief Environmental Compliance Inspector II

For additional assistance, please call (323) 342-6200.

DENTAL OFFICE AND CLINIC LIST OF BEST MANAGEMENT PRACTICES

A. DENTAL AMALGAM MANAGEMENT

1. Collect and store all dental amalgam in the designated airtight container(s) for recycling as universal waste, or management as hazardous waste. Check with the recycler if there is a requirement to separate containers for placement of the non-contact and contact dental amalgam.
2. Collect and store the entire contents of broken or unusable dental amalgam capsules in the appropriate dental amalgam container.
3. Separate excess dental amalgam that is retrieved during placement with gauze and place in the appropriate dental amalgam container.
4. Use chair side traps to capture dental amalgam and discard these traps in the amalgam container.
5. Clean dental amalgam traps and cuspidors daily and never rinse dental amalgam traps, filters, or cuspidors over drains that do not connect to an amalgam separator.
6. Remove dental amalgam particulates on dental tools prior to ultrasonic cleaning.
7. Replace the vacuum pump filter in accordance with the manufacturer's manual.
8. Do not discard dental amalgam into the garbage or with medical wastes.
9. Dental amalgam is **prohibited** from being discharged into the sewer collection system.
10. Keep a logbook to track the disposal and recycling of dental amalgam.

B. OXIDIZER AND ACID CLEANER PROHIBITION

Do not clean dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater with oxidizing or acidic cleaners, including but not limited to bleach, chlorine, iodine and peroxide that have a pH lower than 6 or greater than 8.

C. HAZARDOUS WASTE AND RECYCLABLE MATERIAL MANAGEMENT

1. Secure an EPA Generator ID Number if hazardous waste is generated at the facility. Recycling dental amalgam and silver in photographic fixer does not require an EPA Generator ID Number.
2. Amalgam waste that is not recycled must be managed as a hazardous waste.
3. Store all hazardous and dental amalgam wastes in tightly closed containers.
4. Containers of dental amalgam designated for recycling/reclaiming must be labeled as "Universal Waste Dental Amalgam."
5. Containers that store hazardous waste must be labeled as "Hazardous Waste."
6. Maintain all copies of receipts and manifests for the recycling or disposal of hazardous waste. Keep these records for a minimum of five (5) years.

D. PHOTOCHEMICAL WASTE MANAGEMENT

1. Photo processing solutions must meet the City's local discharge standards before discharging to the sewer. If photo processing solutions do not meet the City's local discharge standards, the solutions must be hauled offsite for recovery or disposal.
2. Do not dispose of untreated fixer down the drain. Treat fixer on-site to have less than 5 mg/l silver, or use a licensed photo processing waste firm for off-site management.
3. When recovering silver from fixer, check the silver recovery unit daily for leaks, spills, and overflows.
4. Do not dispose of developer solutions down the drain because it likely exceeds the City's local discharge standards for pH and organics.

E. DISINFECTANT AND PRESERVATIVE WASTE MANAGEMENT

1. Do not dispose of untreated waste solutions containing disinfectants or preservatives into the sewer.
2. Treated solutions of disinfectants or preservatives cannot be discharged into the sewer unless the following requirements are met:
3. Solution must be non-hazardous;
4. Solution must have a flash point no less than 140 F;
5. Solution must have a pH between 5.5 and 11.0; and
6. Solution must meet the City's local discharge standards for all pollutants.
7. The technology used to treat disinfectants or preservatives must be a treatment technology certified by the California Department of Toxic Substances and Control (DTSC).

F. MEDICAL WASTE MANAGEMENT

1. Do not place dental amalgam or chair side traps containing dental amalgam with medical waste (infectious waste or red bags).
2. Medical wastes are to be managed and disposed of according to the requirements set by the Medical Waste Management Program of the Department of Health Services.

G. TRAINING

1. Train employees regarding the importance of pollution prevention.
2. Develop, and keep current, a Spill Response Plan. The plan must be available to employees at all times.
3. Train employees to read and be aware of the Material Safety Data Sheet (MSDS).

INSTRUCTIONS FOR INDUSTRIAL WASTEWATER PERMIT APPLICATION

SECTION 1 – FILING STATUS

POINTS OF DISCHARGE

A. - D. Indicate the reason for applying for an Industrial Wastewater Permit and point of discharge. Provide the current or former Industrial Wastewater Permit Number if the application is being filed due to a change in ownership.

SECTION 2 - COMPANY INFORMATION

CITY OF LOS ANGELES BUSINESS TAX REGISTRATION CERTIFICATE NO. (BTRC)

A. Complete City of Los Angeles Business Tax Registration Number.

The account number of your business's City of Los Angeles Tax Registration Certificate is issued by the Los Angeles City Clerk's Office.

OWNERSHIP TYPE(S):

Corporations - A company formed by one or more individuals and incorporated through the Secretary of State. This type of business is usually governed by articles of incorporation which require the company to be controlled by the plurality of shareholders. The shareholders elect a board of directors which is responsible for the operations of the company. A corporation is a legal "person". This means that the entity can and does assume liability as an individual. This arrangement relieves the owners of personal liability under the law. Similar to other forms of businesses, corporations obtain business licenses and can assume fictitious names (DBA).

Partnership - A company owned by two or more partners which is not incorporated with the Secretary Of State. Usually, such a business is governed by a partnership agreement naming the partners and establishing their relationships to one another. A general partnership usually obtains a business license and a fictitious name (DBA) in a manner similar to the sole proprietorship. In this form of business, the partners equally share in all liability of the business regardless of the percentage of their ownership.

Sole Proprietorship - A company, owned by one individual and no partners, which is not incorporated with the Secretary of State. Usually, such a business operates by obtaining a local business license and often uses a fictitious name (DBA). The local government agency (such as the city or county) issues both the business license, and a fictitious name statement. In this form of business, general liability rests with the owner. In the County of Los Angeles the City issues the Business Tax Registration Certificate (BTRC) and the County issues the fictitious name statement.

Limited Liability Corporation - This is a corporation which is taxed like a partnership but without many of the S Corporation restrictions. The limited liability company can be used for closely held businesses but not for companies that want to be publicly traded.

B. - D. Business Ownership Examples:

1- Corporations:

Example: Legal Business Name: ABCD, Inc. (i.e. name of Corporation)
DBA: ABCD Dentistry (i.e. business name)
Officer1: Audra Kiper Title: President
Officer2: Audra Kiper Title: Chief Financial Officer

2- Partnership:

Example: Legal Business Name: John Doe & Mary Smith (i.e. names of at least two partners)
DBA: Dental World (i.e. business name)
Officer1: John Doe Title: Partner
Officer2: Mary Smith Title: General Partner

**INSTRUCTIONS FOR
INDUSTRIAL WASTEWATER PERMIT APPLICATION (Continued)**

3- Sole Proprietor:

Example: Legal Business Name: John Doze (i.e. Business owner's name)
DBA: John's General Dentistry (i.e. business name)
Officer1: John Doze Title: Owner

4- Limited Liability Corporation:

Example: Legal Business Name: Jake's Dental, Inc. (i.e. name of Corporation)
DBA: Children Dentistry (i.e. business name)
Officer1: Audra Kiper Title: President
Officer2: Tricia Harris Title: Chief Financial Officer

The City of Los Angeles representatives may require supporting documents such as the following:

Supporting Documents: -Copy of the Articles of Incorporation accepted and stamped by the Secretary of State
-Fictitious name statement
-List of Officers and Directors
-Agent for service of process
-Partnership agreement listing general partners.

- D. The permit application also requests the name of the corporate officers/ partners and their titles. In California, a corporation may have only one shareholder and one director. All three required officer positions, president, chief financial officer and secretary may be filled by one person. Refer to Examples above.
- E. Location address describes the business location that is to be permitted.
- F. Billing address for billing purposes.
- G. Mailing address used for mailing general information and correspondence.
- H. Property Manager or Property Owner information used for additional contacts.

SECTION 3 – DENTAL OFFICES OR CLINICS DESCRIPTION

- A. - F. Describe the type of business and service activities conducted.

SECTION 4 – LIST ALL DENTISTS

List the first and last name(s) of all practicing dentists at the facility including the days and hours of operation and whether dental amalgam is removed or placed.

SECTION 5 - AMALGAM SEPARATOR DESCRIPTION

Describe the manufacturer's make, model, and installation date of the amalgam separator.

SECTION 6 – SIGNATORY REQUIREMENT

This application and any required reports must be signed by an authorized representative.