

**Central Contra Costa Sanitary District
Dental Class III Wastewater Discharge Permit
Amalgam Separator Installation Self-Certification Form**

I have a separate vacuum system and have installed a certified amalgam separator

Amalgam Separator Manufacturer: _____

Equipment Model: _____

Date Installed: _____

Note: Attach copy of documents providing information on the amalgam separator (e.g. manufacturer's specification sheet) demonstrating the ISO certification and showing proof of installation.

I share a vacuum system with other tenants in my building

I certify that the vacuum lines from this dental practice are plumbed to another dental practice or to a shared building system and that the required amalgam separator equipment is installed outside of this dental practice and is being maintained by a different responsible party.

The responsible party (e.g., Landlord, dental practice) for amalgam separator installation:

Name: _____

Company: _____

Phone Number: _____

Note: Each dental practice using a shared vacuum system is responsible for ensuring that an approved amalgam separator has been installed.

I certify under penalty of perjury that this document and all attachments were prepared under my direction or supervision and 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 knowingly submitting false information, including the possibility of fine and/or further legal action for knowing violations.

Name of authorized representative*	Title	Phone Number
Name and Address of Dental Practice		E-mail:
Signature		Date

***Definition of Authorized Representative of Industrial User:** An authorized representative of an industrial user may be: (1) the principal executive officer, if the industrial user is a corporation; (2) general partner or proprietor if the industrial user is a partnership or proprietorship, respectively; (3) duly authorized representative of the individual designated above if such representative is responsible for the overall operation of the facilities from which the discharge originates and if such representative is identified in writing by the individual designated in (1) or (2) above.

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