

Dental Amalgam Recycling/Disposal Certification Statement

Return this completed form by mail or email along with required disposal documentation JEA Environmental Services 225 North Pearl Street, Jacksonville, FL 32202 OR email to: sullse@jea.com

Check One: New	Facility (Est. After 7/14/17) Existing	Facility Transfer Ownership
	plete file information belowCity:	Facility ID:
		State: <u>FL</u> Zip:
	Fax #:	
Email:		(please include email)
Applicability: Check	One	
I certify that du recycled ar the JEA Be Complete I certify that du recycled ar the JEA Be Complete I certify that du amalgam performed	during the current compliance period list malgam and/or mercury in accordance way Waste Management in Dental Offices. ections A, B, and C uring the current compliance period listed malgam and/or mercury, but rather it has est Management Practices for Mercury Waste sections A and C uring the current compliance period list and/or mercury, and does not have any any procedures involving amalgam removes section C only	above, this facility has not disposed or been stored on-site in accordance with aste Management in Dental Offices. ed above, this facility has not handled y amalgam and/or mercury on-site nor
-	on of Amalgam Separator or Equivalen	t Device
Dental facilities are r	equired to install an ISO 11143 (or AN ent devices) that captures all amalgam	SI/ADA 108-2009) compliant amalgam
Make	Model	Year of installation

A dental facility that installed prior to June 14, 2017 one or more existing amalgam separators that do not meet the requirements above, must be replaced with an amalgam separator that meet the requirements after their useful life has ended and no later than June 14, 2027, whichever is sooner. New facilities or facilities that have transferred ownership have 90 days to contact this office with an updated certification form.

Section B: Amalgam Disposal Record

Name of Disp	posal Company
Address of Dis	sposal Company
Date(s) of Disposal	
Total Disposed (lbs.)	
	ch as a disposal manifest(s) confirming the date and cury recycler or handler must be included with this
• • • • • • • • • • • • • • • • • • • •	lity has abided by the <i>JEA Best Management Practices</i> during the current compliance period and the above nowledge.
Name of Authorized Representative (type or print)	Title
Signature	Date

Retention Period

As long as a Dental facility subject to this part is in operation, or until ownership is transferred, the Dental facility or an agent or representative of the dental facility must maintain this Certification Statement and make it available for inspection in either physical or electronic form.

For more information on JEA's Best Management Practices for Dental Amalgam, scan the QR code below or visit:

https://www.jea.com/Business Resources/Industrial Pretreatment/Commercial Best Management Practices/Mercury Waste Management in Dental Offices/



<u>Mercury Waste Management in Dental Offices | Commercial Best Management Practices | Industrial Pretreatment | Wastewater | About | JEA</u>