AUTORIDAD DE ACUEDUCTOS
Y ALCANTARILLADOS

AAA

GOBIERNO DE PUERTO RICO

13 de julio de 2026

A TODAS LAS OFICINAS Y FACILIDADES DENTALES
QUE DESCARGAN AL SISTEMA DE ALCANTARILLADO SANITARIO
DE LA AUTORIDAD DE ACUEDUCTOS Y ALCANTARILLADOS

REQUERIMIENTO PARA COMPLETAR Y SOMETER EL ONE-TIME COMPLIANCE REPORT
40 CFR PART 441

La Autoridad de Acueductos y Alcantarillados de Puerto Rico (Autoridad), por conducto de su Programa de Pretratamiento, es responsable de fiscalizar y controlar las descargas de aguas residuales no domésticas introducidas a sus sistemas de alcantarillado sanitario y plantas de tratamiento, con el propósito de proteger la infraestructura, los procesos de tratamiento, la salud y seguridad de sus empleados, la salud pública y el ambiente.

El 40 CFR Part 441, conocido como la Regla de Amalgama Dental, establece requisitos aplicables a las oficinas y facilidades donde se practica la odontología y que descargan aguas residuales al sistema de alcantarillado sanitario de una planta pública de tratamiento. Entre estos requisitos se encuentra la presentación del **One-Time Compliance Report**, en adelante **OTCR**, mediante el cual la facilidad informa y certifica su aplicabilidad y cumplimiento con los requisitos correspondientes.

La Autoridad se encuentra actualizando el inventario y los expedientes de las oficinas dentales que descargan a sus sistemas de tratamiento. Como parte de este proceso, se ha identificado que existen facilidades para las cuales la Autoridad no cuenta con evidencia de haber recibido el OTCR requerido.

De conformidad con 40 CFR § 441.50(a)(4), cuando ocurre un cambio de dueño o una transferencia de titularidad de una oficina o facilidad dental, el nuevo dueño debe someter un nuevo OTCR a la Autoridad de Control dentro de los noventa (90) días posteriores a la transferencia.

Este requisito aplica independientemente de que el dueño anterior haya sometido el OTCR o de que la facilidad estuviese previamente en cumplimiento con 40 CFR Part 441. El informe presentado por el dueño anterior no satisface la obligación del nuevo dueño de someter un OTCR bajo su propio nombre y responsabilidad.

Por lo tanto, toda oficina o facilidad dental sujeta a 40 CFR Part 441 para la cual la Autoridad no cuente con evidencia de haber recibido el OTCR deberá completar, firmar y someter el formulario adjunto dentro de diez (10) días laborables, contados a partir del recibo de esta comunicación.

El OTCR completado y firmado podrá someterse mediante **una de las siguientes tres alternativas**:

1. Entrega por correo certificado

   Directorado Auxiliar de Asuntos Regulatorios (Piso 7)
   Autoridad de Acueductos y Alcantarillados
   PO Box 7066
   San Juan, PR 00916-7066

2. Entrega en persona

   Directorado Auxiliar de Asuntos Regulatorios (Piso 7)
   Autoridad de Acueductos y Alcantarillados
   604 Avenida Barbosa
   Hato Rey, PR 00917

3. Entrega por correo electrónico

   El OTCR completo, firmado y en formato PDF deberá enviarse al siguiente correo electrónico:

   amalgamarule@acueductospr.com

   El asunto en el correo electrónico deberá indicar:
   One-Time Compliance Report – [nombre de la oficina dental].

Cada oficina o facilidad dental deberá conservar una copia física o electrónica del OTCR durante todo el periodo en que permanezca en operación o hasta que ocurra una transferencia de titularidad, y mantenerla disponible para inspección por la Autoridad.

Agradecemos su atención, cooperación y pronta gestión para asegurar el cumplimiento con 40 CFR Part 441 y contribuir a la protección del sistema de alcantarillado sanitario, las plantas de tratamiento, la salud pública y el ambiente.

Para más información, puede comunicarse con el Programa de Pretratamiento al 787-620-2277, ext. 2455.

ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS
To Comply with 40 CFR 441-DENTAL OFFICE POINT SOURCE CATEGORY

Dental users that discharge wastewaters to PRASA's treatment facilities shall submit this One-Time Compliance Report to PRASA in accordance with 40 CFR § 441.50. Some dental facility are not required to submit a one-time compliance report. See the applicability section § 441.10.

Section A: General Information

A1. Name of Facility					
A2. Facility Physical Address					
City		**State**		**Zip Code**	
A3. Facility Mailing Address					
City		**State**		**Zip Code**	
A4. Facility Contact Information					
Phone		**Emergency Phone**			
Email		**Fax**			
A5. Name(s) of Owner(s)					
A6. Name(s) of Operator(s) if different from Owner(s)					
A7. Person to be contacted about One-Time Compliance Report					
Name		**Title**			
Phone		**Email**			

Section B: Applicability and Classification

B1. Select the best option that applies to the facility and fill out any corresponding information	
☐	This facility **is a Dental Discharger subject to 40 CFR § 441,** that places or removes dental amalgam such that it generates amalgam process wastewater that may contain dental amalgam which may be discharged into PRASA's treatment facilities. *(Complete sections C, D, E, F, and G)*
☐	This facility **is a Dental Discharger subject to 40 CFR § 441** and it does not place dental amalgam, and it does not remove dental amalgam except in limited emergency or unplanned, unanticipated circumstances. Certify[i] as such below: "*I certify that this facility does not place dental amalgam, and does not remove dental amalgam except in limited emergency or unplanned, unanticipated circumstances."* Name _____ Position _____ Signature _____ Date _____ *(Complete section G only)*
B2. Please select if applicable: Transfer of Ownership	
☐	This facility **is a Dental Discharger** subject to 40 CFR § 441, and it has previously submitted a One-Time Compliance Report. This facility is submitting a new One-Time Compliance Report because of a **Transfer of Ownership** as required in § 441.50(a)(4).

Section C: Description of Facility

C1. Total number of chairs:	
C2. Total number of chairs at which dental amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed):	

YES	NO	
☐	☐	This facility discharged amalgam process wastewater prior to July 14th, 2017 under the current or previous ownership. If unknown, please explain below:

C3. Provide a description of any existing amalgam separator(s) or equivalent device(s) currently operated to include, at a minimum, the make, model, year of installation.

Section D: Description of Amalgam Separator(s) or Equivalent Device(s)[2]

D1. Select the option that best describes the amalgam separator(s) or equivalent device(s) in the facility and fill out any corresponding information.		
☐	The Dental Discharger has not installed any amalgam separator(s) or removal device(s) that meet the requirements set forth in 40 CFR § 441.30(a) at the following number of chairs at which amalgam placement or removal may occur: I understand that any existing source subject to 40 CFR § 441 most achieve the pretreatment standards set forth in § 441.30 no later than July 14th, 2020, and any new source subject to the Rule must comply with the pretreatment standards set forth in § 441.40 since July 14th, 2017.	*Chairs:*
☐	The Dental Discharger installed prior to June 14th, 2017 one or more existing amalgam separators that do not meet the requirements of 40 CFR § 441.30(a)(1)(i) and (ii) at the following number of chairs at which amalgam placement or removal may occur: I understand that such separators must be replaced with one or more amalgam separators (or equivalent devices) that meet the requirements of 40 CFR §441.30(a)(1) or §441.30(a)(2) after their useful life has ended, and no later than June 14th, 2027, whichever is sooner.	*Chairs:*
☐	The dental facility has installed one or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators (or equivalent devices) that captures all amalgam containing waste at the following number of chairs at which amalgam placement or removal may occur.	*Chairs:*
Please verify that the total number of chairs at which amalgam placement or removal may occur accounted for in this section matches the amount documented in *Section C*2 of this document. If not explain below:		

D2. Provide information about all the amalgam separator(s) or equivalent device(s) at the facility.		
Make	**Model**	**Year of Installation**

Section E: Design, operation and maintenance of amalgam separator(s) or equivalent device(s)

E1. Fill out any corresponding information, as required	
YES ☐	Is the amalgam separator(s) or equivalent device(s) designed to meet the requirements in 40 CFR § 441.30 or § 441.40? *(If yes, certify[i] the following statement)*

"I certify that the amalgam separator(s) or equivalent device(s) is designed and will be operated and maintained to meet the requirements specified in 40 CFR § 441.30 or § 441.40."

Name _____ Position _____

Signature _____ Date _____

Is a third-party service provider under contract with this facility to ensure the proper operation and maintenance of the amalgam separator(s) or equivalent device(s) in accordance with 40 CFR § 441.30 or § 441.40?

YES ☐	If yes, provide the name of the third-party service provider (e.g. Company Name) that maintains the amalgam separator(s) or equivalent device(s):	

NO ☐	If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with §441.30 or § 441.40 in the space below:
Describe practices:	
Note: If you do not comply with the required certification, please document the reason in Section G2 in Additional Comments.	

Section F: Implementation of Best Management Practices (BMPs)

The following BMPs specified in 40 CFR § 441.30(b) or § 441.40 must be implemented by all Dental Dischargers subject to pretreatment standards in 40 CFR § 441:

1) Waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, must not be discharged to a Publicly Owned Treatment Works (POTW) (e.g. PRASA's sanitary sewer system).

2) Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a POTW (e.g. PRASA's sanitary sewer system) must not be cleaned 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.

F1. Select the best option and fill out any corresponding information, as required

The Dental Discharger is implementing the BMPs specified in 40 CFR § 441.30(b) or § 441.40 as required and will continue to do so. Certify[i] as such below:

"I certify that this facility is implementing the BMPs specified in 40 CFR § 441.30(b) or § 441.40 and will continue to do so."

_____	_____
Name	Position
_____	_____
Signature	Date

Section G: Retention Period & Certification

G1. Retention Period
I understand that as long as a Dental Discharger subject to 40 CFR §441 is in operation, or until ownership is transferred, the Dental Discharger or representative of the Dental Discharger must maintain the One-Time Compliance Report as required in §441.50(a)(5) and make it available for inspection in either physical or electronic form.

G2. Additional Comments

Certification Statement
Per § 441.50(a)(2), the One-Time Compliance Report must be signed and certified by a responsible corporate officer, a general partner or proprietor if the dental discharger is a partnership or sole proprietorship, or a duly authorized representative in accordance with the requirements of 40 CFR § 403.12(l).
"I am a responsible corporate officer, a general partner or proprietor (if the facility is a partnership or sole proprietorship), or a duly authorized representative in accordance with the requirements of 40 CFR § 403.12(l) of the above-named dental facility. I certify under penalty of law that this document and all attachments thereto 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 _____ Position _____ Signature _____ Date _____

[i] If the signatory of a certification finds that the requirements are not met as specified, document an explanation describing the circumstances under which the Dental Discharger is not in compliance with the requirements of the corresponding regulation in Section G2 of this document.

[2] The amalgam removal device(s) must achieve a removal efficiency of at least 95 percent of the mass of solids from all amalgam process wastewater. The removal efficiency must be calculated, determined and demonstrated in accordance with 40 CFR § 441.30(a)(2)(i)-(iii).