

Service de l'environnement  
 Division du contrôle des rejets et suivi environnemental  
 827, Crémazie Est, Bureau 302  
 Montréal (QC) H2M 2T8  
 Courriel : [environnement@montreal.ca](mailto:environnement@montreal.ca)

## DISCHARGE PERMIT APPLICATION – DENTAL OFFICE

### 1 – INSTRUCTIONS

- The form must be completed and signed digitally. All sections must be completed in a clear manner. Incomplete form will be returned, causing additional delays. Any sending in paper format or scanned in image format will be refused.
- The completed form must be sent to the *Service de l'environnement* by email, at [environnement@montreal.ca](mailto:environnement@montreal.ca)
- The last two (2) proofs of maintenance of dental waste amalgam separators (proof of disposal of waste amalgam, invoices, work orders, etc.) must be attached to this form. In this regard, see section 5.

### 2 – INFORMATION CONCERNING THE DENTAL OFFICE

Name:

Legal name (if different from the above):

Address:

Suite:

Address (line 2):

City :

Province :

Postal code:

Telephone number:

### SERVICES OFFERED

General dental work

Oral and maxillofacial surgery

Orthodontics

Periodontics

Other

### 3 – IDENTIFICATION OF THE OWNER-OPERATOR

Name:

Title:

Telephone number:

Cell number:

Email:

#### 4 – INFORMATION PERTAINING TO ISO 11143 CERTIFIED AMALGAM SEPARATORS

Wastewater from the dental office identified in section 2 likely to come in contact with waste amalgam is treated with an ISO 11143 certified amalgam separator (article 4a) of By-law 2008-47 of the CMM):

Yes  No

Manufacturer:

Model:

Date of installation of the separator:

Location of the separator:

Number of chairs/rinsing bowls connected to the separator:

Chairs:

Rinsing bowls:

Other details:

#### 5 – MAINTENANCE, MANAGEMENT OF AMALGAM WASTE FILTERS AND DISPOSAL

The *Service de l'environnement* would like to remind the dental office that filter or pre-filter waste must never be rinsed in a sink or wash basin, since it would end up in the sewer system. Moreover, amalgam waste must never be discarded in the trash, or along with biomedical waste.

#### AMALGAM SEPARATOR WASTE MANAGEMENT

Name of the establishment where amalgam waste is discarded:

Address:

City:

Province:

Postal code:

Telephone number:

Maintenance frequency (filter change or collection of waste amalgam separator), as recommended by the manufacturer:

→ **Refer to the maintenance manual of the amalgam separator installed in the dental office**

Maintenance frequency (filter change or collection of waste amalgam separator) as it is currently (actual frequency):

Date of last maintenance:

→ **Attach the last two (2) proofs of adequate maintenance of the amalgam separator (proof of disposal of waste amalgam, invoices, work orders, etc.)**

**MANAGEMENT OF OTHER SOURCES OF WASTE**

1) Filter/pre-filter management:

With waste separator                      yes                       no

Details:

2) Management of waste containers:

With waste amalgam separators    yes                       no

Details:

**6 – Maintenance of suction lines**

The *Service de l'environnement* would like to remind the owner or operator of the dental office that suction lines must be maintained using the maintenance and cleaning product recommended by the manufacturer of the amalgam separator. Inadequate pH may dissolve waste amalgam accumulated in the separator, thus contaminating wastewater.

Name of the product used to clean suction lines:

Supplier:

**APPLICANT AND SIGNATAIRE**

I confirm that all information herein is truthful, accurate and complete in all respects, and I commit to installing, using and maintaining my amalgam separator in such a way as to preserve its efficiency.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION RESERVED FOR THE SERVICE DE L'ENVIRONNEMENT**

Establishment number:

Permit number:

Comments