



"Working for a Cleaner Environment"

LOGAN TOWNSHIP MUNICIPAL UTILITIES AUTHORITY
 "National Winner" of USEPA Clean Water Act Recognition Award
 Recipient of the 2003 EPA Regional Operation and Maintenance Excellence Award

◆ 69 JEFFERSON LANE, LOGAN TOWNSHIP, NEW JERSEY 08085
 ◆ (856) 467-1650 ◆ FAX: (856) 467-8551
 ◆ Business Hours: 7:00 AM – 3:30 PM Monday - Friday

Dental Pretreatment Amalgam Separator Reporting Form

Dentist Office:			
Address:		State:	Zip:

Monitoring Dates:	to:	
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Annual Acknowledgement (DOES NOT)	
_____ As the Manager or Representative of the Dentist Office listed above, this office <i>DOES NOT</i> operate an Amalgam Separator on the premises. <div style="text-align: right;">(Please initial)</div>	

Annual Acknowledgement (DOES)	
_____ As the Manager or Representative of the Dentist Office listed above, this office <i>DOES</i> operate and maintains an Amalgam Separator on the premises. <div style="text-align: right;">(Please initial)</div>	

Documented Maintenance	
<i>Please identify your Amalgam Separator:</i>	
Manufacturer:	Model #:
<ul style="list-style-type: none"> Please attach a copy of all required maintenance conducted on your Amalgam Separator vacuum lines for the monitoring dates identified above. Please attach a copy of all documentation generated and received pertaining to the Amalgam Separator Collection Container Replacements. 	
NO Documented Maintenance	
_____ Based on the manufacturer's maintenance specifications, no maintenance was required during the monitoring dates identified above. <div style="text-align: right;">(Please initial)</div>	

Representative (print):	Official Title:
Representative (signature):	Date: