



MASSACHUSETTS WATER RESOURCES AUTHORITY

ONE-TIME COMPLIANCE REPORT FOR DENTAL FACILITIES

Environmental Protection Agency Regulations (40 CFR 441)

Effluent Limitations Guidelines and Standards for the Dental Office Category

Instructions:

You are receiving this form because you are located within the Massachusetts Water Resources Authority (MWRA) Sewer District and have the potential to Discharge Wastewater to the Sanitary Sewer from your dental facility. For a list of all cities and towns in MWRA's Sewer District, visit:

<http://www.mwra.com/02org/html/whatis.htm>. For more information about MWRA's Toxic Reduction and Control (TRAC) Department, visit: <http://www.mwra.com/03sewer/html/trac.htm>.

In June 2017, the U.S. Environmental Protection Agency (EPA) promulgated pretreatment standards for reducing discharges of mercury from dental operations to Publically Owned Treatment Works (POTWs) (40 CFR 441). For more information regarding EPA's regulations, visit:

<https://www.epa.gov/eg/dental-effluent-guidelines>. These regulations (40 CFR 441.50) require that all dental facilities in MWRA's Sewer District complete and return this form to the following address:

MWRA
TRAC Department
2 Griffin Way
Chelsea, MA 02150
Attn: Dental Form

Please complete the entire form. Incomplete forms will be returned and your office may be considered noncompliant with EPA's regulations (40 CFR 441) and subject to MWRA enforcement. Dental practices with multiple offices must fill out a separate form for each location. Dental facilities in Massachusetts may also be subject to Massachusetts' Department of Environmental Protection's (MassDEP) regulations, Amalgam Wastewater and Recycling for Dental Facilities (310 CMR 73.000); for more information visit: <https://www.mass.gov/guides/massdep-dental-amalgammercury-recycling-program>.

If you have any questions related to this form, please contact MWRA at 617-305-5676.



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General Information

Name of Facility					
Physical Address of Dental Facility					
City:		State:		Zip:	
Mailing Address					
City:		State:		Zip:	
Facility Contact					
Phone:		Email:			
Is this a practice employing multiple dentists?		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Name(s) of Owner(s):					
Name(s) of Practicing Dentist(s) if different from Owner(s):					



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Applicability: Please Select One of the Following

<input type="checkbox"/>	<p>This is a facility where dentistry is practiced and places or removes dental amalgam that generates Wastewater from the practice of dentistry, including, but not limited to, institutions, permanent or temporary offices, clinics, home offices, and facilities owned and operated by Federal, state, or local governments, that discharges to a Sanitary Sewer, or to a septic system or holding tank whose contents are hauled for Discharge to a Sanitary Sewer in the Authority Sewer District.</p> <p><i>Complete sections A, B, C, D, and E</i></p>
<input type="checkbox"/>	<p>This facility is a dental discharger that is:</p> <ul style="list-style-type: none"> (a) a facility that does not generate or Discharge Wastewater from amalgam-related processes (e.g., facilities limited to oral and maxillofacial surgery, or orthodontic, periodontic and/or oral medicine practices) or a facility that uses mercury-free filling material and does not place or remove amalgam; (b) a facility that does not Discharge any amalgam process Wastewater to a POTW, such as dental facilities that collect all dental amalgam process Wastewater for transfer to a Centralized Waste Treatment Facility as defined in 40 CFR Part 437; or (c) a facility that does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances, and that certifies such to the MWRA as required in 40 CFR 441.50 is exempt from any further requirements of this part. <p><i>Complete section E only</i></p>
<input type="checkbox"/>	<p>This facility is a dental discharger that:</p> <ul style="list-style-type: none"> (a) Discharges other Industrial Wastewater in addition to dental operations wastes; (b) Has a total Industrial Wastewater Sewer Discharge that averages 25,000 gallons per day or more, or has been notified by the Authority that it otherwise is a Significant Industrial User as defined in 360 CMR 10.004; (c) Uses a Pretreatment system other than an amalgam separator or passive Pretreatment (e.g., a settling tank, grease trap, or a limestone chip tank); or (d) Does not or is unable to meet Authority Discharge requirements, 360 CMR 10.021 through 10.026, by following the operations and management practices required by 40 CFR 441 and 310 CMR 73.000. <p><i>Complete section E only</i></p>
<input type="checkbox"/>	<p>The facility discharges to a septic system or holding tank and is not connected to the public sewer.</p> <p>Is the wasted hauled and discharged at a receiving site within the MWRA Sewer district? YES <input type="checkbox"/> Please name the seepage receiving site the tank waste is hauled to:</p> <p>_____</p> <p>List the name of the septic hauler:</p> <p>_____</p> <p>NO <input type="checkbox"/> <i>Complete section E only</i></p>



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Section A: Description of Facility

Total number of chairs:		
Total number of chairs at which amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed):		
Description of any amalgam separator(s) or equivalent device(s) currently operated:		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	The facility discharged amalgam process Wastewater prior to July 14, 2017 under any ownership.

Section B: Description of Amalgam Separator or Equivalent Device

<input type="checkbox"/>	The dental facility has installed one or more ISO 11143 (or ANSI/ADA 108-2009), 40 CFR Part 441 and 310 CMR 73.000 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:	<i>Chairs:</i>
	Make	Model
		Year of installation
<input type="checkbox"/>	My facility operates an equivalent device.	
	Make	Model
		Year of installation
		Average removal efficiency of equivalent device, as determined per 40 CFR Part 441 and 310 CMR 73.000



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Section C: Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

<input type="checkbox"/>	YES	I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in 40 CFR Part 441 and 310 CMR 73.000.	
<input type="checkbox"/>	YES	I certify that I will visually inspect the amalgam separator in accordance with the manufacturer's operation manual to ensure proper operation and maintenance, including confirmation that amalgam process wastewater is flowing through the amalgam separating portion of the device(s). In addition, I will maintain a log of any inspections conducted. The frequency of inspections is typically once per week but may differ depending on the type of separator installed.	
<input type="checkbox"/>	YES	I certify that I will replace the amalgam retaining device as specified in the manufacturer's operating manual, or when the collecting container has reached the maximum filling level, as specified by the manufacturer in the operating manual, at which the amalgam separator can perform to the specified efficiency, whichever comes first. Typically this frequency is at least once per year.	
A third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with 40 CFR Part 441 and 310 CMR 73.000.			
<input type="checkbox"/>	YES	Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):	
<input type="checkbox"/>	NO	If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with 40 CFR Part 441 and 310 CMR 73.000.	
<i>Describe practices:</i>			



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Section D: Best Management Practices (BMP) Certifications

<input type="checkbox"/>	<p>The above named dental discharger is implementing the following BMPs as specified in 40 CFR Part 441 and 310 CMR 73.000 and will continue to do so.</p> <ul style="list-style-type: none"> 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 (e.g., municipal sewage system). Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a publicly owned treatment works (e.g., municipal sewage 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 (i.e., cleaners that may increase the dissolution of mercury).
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Section E: Certification Statement

<p>Per 40 CFR Part 441, the One-Time Compliance Report must be signed and certified by a responsible corporate officer, a general partner or proprietor if the dental facility is a partnership or sole proprietorship, or a duly authorized representative in accordance with the requirements of MWRA Regulations 360 CMR 10.009.</p>			
<p><i>"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 § 403.12(l) of the above named dental facility, and certify under penalty of law that this document and all attachments 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."</i></p>			
Authorized Representative Name (print name):			
Phone:		Email:	
Authorized Representative Signature		Date	