



Dear Facility Owner / Manager:

The Salt Lake City (City) Department of Public Utilities provides services for the City's drinking water, wastewater and storm water systems. As part of these services, the Environmental Protection Agency (EPA) and Utah Department of Environmental Quality (UDEQ) require the City to implement and maintain an Industrial Wastewater Pretreatment Program (Pretreatment Program) in accordance with Federal and State regulations. The City's Wastewater Control Ordinance (Ordinance), Section 17.32, promulgates authority to the City to enact the Pretreatment Program. The purpose of the Pretreatment Program is to regulate wastewater discharges by commercial and industrial facilities and ensure the treatment thereof by the user, to provide for the health, safety and welfare of the public and the Publicly Owned Treatment Works (POTW).

The EPA issued a final rule governing the management of dental amalgam discharge to POTWs on June 14, 2017. This rule is effective July 14, 2017, and is codified in 40 Code of Federal Regulation (CFR) Part 441. Within the rule, the EPA promulgated technology-based wastewater pretreatment standards under the Clean Water Act for dental offices and other dental facilities to remove mercury and other metal(s) (i.e., dental amalgam) used in dental offices prior to discharge into sanitary sewer systems (i.e. the POTW). A Dental Amalgam Rule Fact Sheet is included as **Attachment A** to this letter. This fact sheet provides a brief summary of the final rule and describes regulatory compliance requirements for dental offices/facilities. These compliance requirements also are presented below.

The final rule requires dental offices/facilities, which remove or place amalgam, to install and maintain EPA-approved amalgam separator(s) and implement two (2) best management practices (BMPs) recommended by the American Dental Association. One of these BMPs prohibits the discharge of waste "or scrap" amalgam to the sanitary sewer system, and the other prohibits the use of line cleaners that may lead to the dissolution of mercury from amalgam waste when cleaning chair-side traps and vacuum lines. The use of amalgam separators and implementation of BMPs required under the EPA Dental Amalgam Rule and is further discussed below.

#### **I. Pretreatment Standards for Dental Offices/Facilities that Remove or Place Amalgam**

Rule 40 CFR Part 441 applies to all dental offices/facilities in which the removal or replacement of dental amalgam comprises more than five-percent (5%) of their total procedures or greater than nine (9) removals per office per year.

As described in 40 CFR Part 441, dental offices/facilities in existence before the effective date of the rule (i.e., dental offices/facilities in existence before July 14, 2017), are defined as "existing sources" and must comply with the Pretreatment Standards for Existing Sources (PSES) requirements stipulated in 40 CRF Part 441.30 no later than July 14, 2020.

The final rule allows existing dental offices/facilities to continue to operate existing amalgam separators for their lifetime or 10 years, whichever is the shortest timeframe, as long as the dental

office/facility complies with other rules and requirements, including the performance of specified BMPs, operation and maintenance, reporting and recordkeeping requirement.

New dental offices/facilities (i.e., those established after July 14, 2017) are defined as a new source and as such are required to comply with the Pretreatment Standards for New Sources (PSNS) requirements stipulated in 40 CFR Part 441 before the facility is placed into operation.

A description of 40 CFR Part 441 rule requirements for users identified as either PSES or PSNS is provided below.

#### **A. Dental Amalgam Separator Requirements**

Amalgam separators are defined as a collection device designed to capture and remove dental amalgam from the amalgam process wastewater of a dental office/facility. The EPA requires that all amalgam separator devices meet one the following standards; 1) ISO Standard 11143:2008, or 2) ANSI/ADA 108-209. The amalgam separator(s) also must provide the following:

- Achieve greater than 95-percent removal efficiency for total solids;
- Sized to accommodate the maximum discharge rate of amalgam process wastewater;
- Include design standards;
- Include the manufacturer's manual and requirements for standard operations and maintenance, including inspection frequency and replacement; and
- Can include warning systems.

The Dental office/facility also must certify that an amalgam separator operation, inspection, and maintenance program has been implemented. At a minimum, this program shall ensure proper amalgam separator operation and maintenance protocols are followed, as specified according to the manufacturer instructions, routine inspection frequencies, repair and replacement procedures, and dental amalgam disposal protocols.

As stated above, the rule allows existing dental offices/facilities (PSES) to continue to operate existing amalgam separators for their lifetime or 10 years, whichever is the shortest timeframe, as long as the dental office/facility complies with specified BMPs, operation and maintenance, reporting and recordkeeping requirements. The dental office/facility is required to inform the City once the existing amalgam separator(s) are replaced with a separator device that fully meets EPA requirements.

#### **B. Required Best Management Practices**

The EPA's final rule requires Dental offices/facilities to implement the following BMPs:

- Prohibit the use of oxidizing or acidic line cleaners to clean any amalgam separator or any line discharging to the amalgam separator. Prohibited oxidizing or acidic line cleaners include but are not limited to bleach, chlorine, iodine, peroxide and other cleaners that have a pH lower than 6 standard units (S.U.) or greater than 8 S.U.
- Prohibit the flushing of waste or "scrap" dental amalgam into any drain. Amalgam must be removed and either recycled or disposed per State and Local requirements.

### **C. One-Time Compliance Report and Certification Statement Submission Requirements**

Dental offices/facilities that remove or place dental amalgam and are subject to regulation under 40 CFR Part 441 must comply with one-time reporting requirements. These dental offices shall certify and submit a One-time Compliance Report (provided in **Attachment B**). This report must include the following:

- General information about the facility, including a description of the dental facility and its operations, including total number of chairs, and number of chairs used to remove or place amalgam;
- Details regarding the third-party maintenance performed for dental amalgam separators; or
- If the dental office does not use a third-party to maintain amalgam separator(s), a description of the practices employed by the office to ensure proper operation and maintenance of the separator(s) must be provided;
- Certification that an approved amalgam separator(s) is in use and properly maintained;
- Certification that required BMPs are implemented at the facility;
- Certification that dental amalgam solids are disposed in accordance with applicable State and Federal regulations; and
- A signed Certification Statement stating the dental office/facility (discharger) is providing accurate information on the Compliance Form and meets the requirements of 40 CFR Part 441 and all applicable performance standards (PSES or PSNS).

A Certification Statement shall be signed and included with the One-time Compliance Report. The Certification Statement section of the Compliance Report must be signed by an Authorized Representative of the firm, which is defined as follows:

1. A responsible corporate officer if the dental office is a corporation.
2. A General partner or proprietor if the dental office is a partnership or sole proprietorship.
3. A duly authorized representative of the responsible corporate officer, general partner or proprietor.

If the dental practice changes ownership (i.e., a change in the responsible party), the new owner must submit a One-time Compliance Report to the City within 90 days of change of ownership.

The Certification Statement is provided on Page 2 of the Compliance Report and Certification Statement Form provided in **Attachment B** to this letter.

### **II. Requirements for Dental Offices/Facilities that DO NOT Remove or Place Amalgam**

Dental offices/facilities that do not place or remove amalgam, except in limited emergency or unplanned, unanticipated circumstances, defined as less than five-percent (5%) of total procedures or less than nine (9) removals per office per year, and dental offices/facilities whose sole operation is the practice of oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics and prosthodontics are required to certify and submit a One-time

Compliance Report to the City. However, these offices/facilities are exempt from further requirements stipulated in 40 CFR 441. A copy of the One-time Compliance Report and Certification Statement Form is included as **Attachment C** to this letter. This report must include the following:

- General information about the facility, including a description of the dental facility;
- Certification that the dental office/facility (discharger) does NOT place or remove amalgam fillings more than nine (9) times per calendar year, or is a dental practice that specializes in either oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics or prosthodontics.
- A signed Certification Statement stating the dental office/facility (discharger) is providing accurate information on the Compliance Form and meets the requirements of a dental office/facility that is exempt from 40 CFR Part 441 requirements.

A Certification Statement shall be signed and included with the One-time Compliance Report. The Certification Statement section of the Compliance Report must be signed by an Authorized Representative of the firm, which is defined as follows:

1. A responsible corporate officer if the dental office is a corporation.
2. A General partner or proprietor if the dental office is a partnership or sole proprietorship.
3. A duly authorized representative of the responsible corporate officer, general partner or proprietor.

If the dental practice changes ownership (i.e., a change in the responsible party), the new owner must submit a One-time Compliance Report to the City within 90 days of change of ownership.

The Certification Statement is provided on Page 2 of the Compliance Report and Certification Statement Form provided in **Attachments C** to this letter.

### **III. Document Submittal Requirements for All Dental Offices/Facilities**

All Dental offices/facilities shall submit the appropriate One-time Compliance Report and Certification Statement Form to the City's Pretreatment Program within 90 days of receipt of this letter. Failure to submit the required documents may result in escalated enforcement in accordance with the City's Enforcement Response Plan. All documents shall be submitted to the following address:

Pretreatment Program  
2020 North Redwood Road  
Salt Lake City, Utah 84116-1248

### **IV. Record Retention and Inspection Requirements for All Dental Offices/Facilities**

Each Dental office/facility is required to retain a copy of One-time Compliance Reports and signed Certification Statements, all amalgam disposal records/manifests, as well as records pertaining to operations, maintenance and replacement of amalgam separators for a minimum of five (5) years, as stipulated in Section 17.52.200 of Salt Lake City Ordinance. These records shall be made available to the Pretreatment Program upon request.

The City reserves the right of entry, inspection and sampling, as stipulated in Section 17.52.230 of Salt Lake City Ordinance.

If you have any questions concerning this Rule or the implantation thereof, please contact Terrence Price, Regulatory Compliance Manager at 801-799-4041 or Lindsay Cowles, Industrial Pretreatment Program Coordinator at 801-799-4095.

Signed   
Jamey West, Water Reclamation Manager  
Salt Lake City Department of Public Utilities

# DENTAL AMALGAM RULE

## FACT SHEET

### ***What are the requirements?***

Dental practices that remove and/or place dental amalgam must install and maintain an amalgam separator and follow two Best Management Practices (BMPs) that include: (1) no flushing of waste or “scrap” amalgam down the drain and (2) vacuum lines shall not be cleaned with oxidizing or acidic cleaners such as bleach or chlorine. All new dental offices wishing to practice after July 14, 2017 must comply with these requirements. Existing dental practices have until July 14, 2020 to comply with this regulation.



### ***What does a dental facility need to do to comply?***

**Step 1** - Install and maintain an approved amalgam separator. (Must meet ISO 11143:2008 or ANSI/ADA 108-2009 standards, >95% removal efficiency)

**Step 2** - Implement required Best Management Practices as set forth by EPA

**Step 3** - Complete and submit a one-time compliance report and certification statement

**Step 4** - Retain records and documentation for inspection of amalgam separator, operation and maintenance of separator, disposal of amalgam waste, repair or replacement of separator, and training for a minimum of five years

### **Exempted Facilities**

A facility is exempt from this requirement if it removes 9 or fewer amalgam fillings per year and the facility serves one of the following primary functions:

- Oral Pathology
- Oral and maxillofacial radiology and surgery
- Orthodontics
- Periodontics
- Prosthodontics
- Mobile Units



## ATTACHMENT B

# SALT LAKE CITY INDUSTRIAL PRETREATMENT PROGRAM DENTAL AMALGAM ONE-TIME COMPLIANCE REPORT AND CERTIFICATION STATEMENT FORM

FOR OFFICES THAT REMOVE OR PLACE AMALGAM

### GENERAL INFORMATION

Facility Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Business Owner(s)/Operator(s): \_\_\_\_\_

Description of Operation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Number of Chairs: \_\_\_\_\_

Total Number of Chairs That Place or Remove Amalgam: \_\_\_\_\_

### AMALGAM SEPARATOR INFORMATION

Description of Current Separator: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year of Installation: \_\_\_\_\_

Name of Individual or Third Party Service Provider Performing Routine Maintenance for all  
Amalgam Separator Device(s): \_\_\_\_\_

## CERTIFICATION STATEMENT

Check all Boxes that Apply:

- I certify that the dental practice** has installed an approved Amalgam Separator as stipulated in 40 CFR 441. The EPA requires that all amalgam separator devices meet or exceed the following standards: 1) ISO Standard 11143:2008, or 2) ANSI/ADA 108-209.
- I certify that the dental practice** has implemented the Best Management Practices for Dental Amalgam as stipulated in 40 CFR 441.
- I certify that the dental practice** has disposed of dental amalgam solids in accordance with applicable State and Federal regulations.

**Note:** An **original signature** of the signing official must be submitted to the City. Please do not submit a photocopy.

This form is required to be signed by an authorized representative of your firm, after adequate completion of this form and review of the information by the signing official.

*"I 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."*

Certified By:

Name \_\_\_\_\_  
(Type or print name above)

Title \_\_\_\_\_  
(Type or print title above)

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

**RETURN (Mail or Hand Deliver) ORIGINAL SIGNED FORM TO:**

Pretreatment Program  
Salt Lake City Water Reclamation Facility  
2020 North Redwood Road  
Salt Lake City, Utah 84116-1248





## ATTACHMENT C

# SALT LAKE CITY INDUSTRIAL PRETREATMENT PROGRAM DENTAL AMALGAM ONE-TIME COMPLIANCE REPORT AND CERTIFICATION STATEMENT FORM

FOR OFFICES THAT DO NOT REMOVE OR PLACE AMALGAM

### GENERAL INFORMATION

Facility Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Business Owner(s)/Operators: \_\_\_\_\_

Type of Practice: \_\_\_\_\_

### CERTIFICATION STATEMENT

Check all Boxes that Apply:

- I certify that the dental practice does NOT place or remove amalgam fillings more than nine (9) times per calendar year.
- I certify that the sole operation of the practice is either oral pathology, and/or oral and maxillofacial radiology, and/or oral and maxillofacial surgery, and/or orthodontics, and/or periodontics or prosthodontics.

**Note:** An original signature of the signing official must be submitted to the City. Please do not submit a photocopy.

This form is required to be signed by an authorized representative of your firm, after adequate completion of this form and review of the information by the signing official.

*"I 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."*

Certified By:

Name \_\_\_\_\_  
(Type or print name above)

Title \_\_\_\_\_  
(Type or print title above)

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

**RETURN (Mail or Hand Deliver) ORIGINAL SIGNED FORM TO:**

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