

NEW SOURCE Dental Dischargers

[DENTAL RULE (EPA)]

This packet was prepared by the Trinity River Authority (TRA) and [Insert TRA contracting party name] to help new dental dischargers understand the Dental Rule published by the Environmental Protection Agency (EPA) on June 14, 2017. The TRA operates the local regional wastewater treatment plant and the [Insert name of TRA contracting party] is a Contracting Party of TRA. The TRA is the dental discharger's Control Authority.

The Dental Rule is in effect July 14, 2017. This packet provides a summary of the Rule. For more information, please visit the EPA website on this topic. This packet is meant to provide guidance and be a short checklist for a new dental discharger or in the case of a transfer of ownership. This packet also demonstrates the American Dental Association's (ADA) support of removal and recycling of dental amalgam that contains mercury from the wastewater discharged to Publicly Owned Treatment Works (POTWs). The final Dental Rule contains two best management practices (BMPs) that are also supported by the ADA.

Please complete the included One-Time Compliance Report and return the report per the instructions on the form.

For more information on the Dental Rule, please visit the following website:

<https://www.epa.gov/eg/dental-effluent-guidelines>



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pretreatment@trinityra.org

[Insert
City/Town Name,
City/Town Office Address,

Representative at City/Town office
Email address]

SUMMARY OF DENTAL RULE

What is the Dental Rule?¹	- Requires dental offices that discharge wastewater that contains dental amalgam to Publicly Owned Treatment Works (POTWs) to install, inspect, and maintain a dental amalgam separator. - Requires the implementation of two best management practices (BMPs). - Published in Federal Register by EPA on June 14, 2017. - EPA estimates annual cost incurred by dental office: avg. of \$800 annually.
Why are standards needed?¹	- Mercury from waste amalgam can end up in the environment from the POTW through incineration, landfilling, or land application. - Mercury – potent neurotoxin that causes wide range of health issues.
Who is affected by the Dental Rule?¹	Applies to: - Dental offices - Dental schools - Dental clinics - Government operated dental facilities Does NOT apply to: - Mobile units - Practices consisting ONLY of these specialties: oral pathology, oral & maxillofacial radiology/surgery, orthodontics, periodontics, or prosthodontics.
What kind of amalgam separator is required?²	- Amalgam separator(s) compliant with ISO11143 (2008); ANSI/ADA 108-2009; or, - Amalgam removal device(s) that determine the removal efficiency of the device using the procedures found in 40CFR §441.30(a)(2)(i)-(ii). - Amalgam separator(s) or Amalgam removal device(s) must achieve 95% removal efficiency.
When will this rule affect dental offices?²	The Effective Date of this rule is July 14, 2017. NEW dental offices: - MUST return One-Time Compliance Report within 90 days following the introduction of wastewater to the sanitary sewer. TRANSFER OF OWNERSHIP: - MUST return One-Time Compliance Report within 90 days after a transfer of ownership.
What steps are needed to be taken to come into compliance?	☐ Install new amalgam separator(s) or amalgam removal device(s) in offices that do not currently have one. ☐ Inspect existing models to make sure they are up to standard. ☐ Establish internal documentation tracking procedures related to the inspection and maintenance of your amalgam separator(s) or amalgam removal device(s). ☐ Follow the ADA's Best Management Practices for handling dental amalgam. ☐ Complete the One-Time Compliance Report for Dental Discharges. MUST be returned to the Control Authority (TRA) AND the City/Town. Retain a copy of this report on site for the duration of your practice/ownership.

ONE-TIME COMPLIANCE REPORT MUST BE RETURNED TO TRA AND THE [Insert contracting part name] WITHIN 90 DAYS FOLLOWING THE INTRODUCTION OF AMALGAM WASTEWATER INTO THE SANITARY SEWER OR 90 DAYS AFTER A TRANSFER OF OWNERSHIP. PLEASE EMAIL FORM TO BOTH PARTIES.

American Dental Association

Amalgam Waste Best Management Practices³

These Best Management Practices for Amalgam Waste encourages the dental community to follow the BMP for proper waste handling and disposal. The BMP by the American Dental Association calls for the use of ISO 11143-compliant amalgam separator as a recommendation. The ADA's BMP on Amalgam Waste follows the procedures outlined in the EPA's final rule on amalgam separators.

Do:

- Use precapsulated alloys & stock capsule size variety
- Recycle used disposable amalgam capsules
- Salvage, store, & recycle non-contact amalgam
- Salvage contact amalgam pieces from restorations after removal & recycle contents
- Recycle teeth containing dental amalgam restorations & verify whether or not teeth need disinfection
- Manage amalgam waste through recycling as much as possible
- Use line cleaners that minimize dissolution of amalgam

Don't:

- Use bulk mercury
- Put used disposable amalgam capsules in biohazard containers
- Put non-contact amalgam waste in biohazard containers, infectious waste containers, or regular garbage
- Rinse devices containing amalgam over drains or sinks
- Dispose of extracted teeth that contain amalgam restorations in biohazard containers, infectious waste containers, sharps containers, or regular garbage
- Flush amalgam down the drain/toilet
- Use bleach or chlorine-containing cleaners to flush wastewater lines

Resources

1. U.S. Environmental Protection Agency. [Fact Sheet: Effluent Limitations Guidelines and Standards for Dental Offices](#). Accessed June 29, 2017.
2. U.S. Environmental Protection Agency. [Effluent Limitations Guidelines and Standards for the Dental Category](#). Accessed June 29, 2017.
3. American Dental Association. [Amalgam Separators and Waste Best Management](#). Accessed June 29, 2017.

SAMPLE
ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS

Instructions:

Please use the Summary of Dental Rule Table within the New Source Dental Dischargers packet as guidance to assist with the completion of this form. For further information on the Dental Rule, please visit the following website:

<https://www.epa.gov/eg/dental-effluent-guidelines> and the regulatory links in this form. To find linked sections on paper copy of this form, please visit: <https://www.ecfr.gov/cgi-bin/text-idx?mc=true&node=pt40.32.441&rgn=div5>.

Please return form by email to:

General Information

Name of Dental Facility				
Physical Address of Dental Facility				
City:		State:		Zip:
Mailing Address				
City:		State:		Zip:
Facility Contact				
Phone:		Email:		
Names of Owner(s):				
Names of Operator(s) if different from Owner(s):				

Applicability: Please Select One of the Following and the Transfer of Ownership (If Applicable)

To determine applicability, please use the Summary of the Dental Rule table within the New Source Dental Rule packet as a guideline and the referenced links in this section. If the facility is transferring ownership, then also check the last box in this section. Even if the facility has completed the One-Time Compliance Report under the previous owner, it must complete applicable sections for the new ownership.

☐	This facility is a dental discharger subject to this rule (40 CFR Part 441.10) and it places or removes dental amalgam. <i>Complete sections A, B, C, D, E, and F</i>
☐	This facility is a dental discharger subject to this rule and (1) it does not place dental amalgam, and (2) it does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. Your Control Authority is considering amalgam that is removed at a frequency that is < 5% of its procedures as a qualifier for this selection. <i>Complete section F only</i>
(Also, select if applicable) Transfer of Ownership (§ 441.50(a)(4))	
☐	This facility is a dental discharger subject to this rule (40 CFR Part 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 by § 441.50(a)(4) .

Section A

Date of Discharge and Description of Facility

Date dental discharger commenced discharge of amalgam wastewater into the sanitary sewer	
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):	

Section B

Description of Amalgam Separator or Equivalent Device

☐	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:
☐	The dental facility installed prior to June 14, 2017 one or more existing amalgam separators that do not meet the requirements of § 441.30(a)(1)(i) and (ii) at the following number of chairs at which amalgam placement or removal may occur:	Chairs:
I understand that such separators must be replaced with one or more amalgam separators (or equivalent devices) that meet the requirements of § 441.30(a)(1) or § 441.30(a)(2) , after their useful life has ended, and no later than June 14, 2027, whichever is sooner.		
Make	Model	Year of installation
☐	My facility operates an equivalent device. An equivalent device must meet the requirements found in § 441.30(a)(2)	
Make	Model	Year of installation

Section C

Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

☐	YES	I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in § 441.30 or § 441.40 .	
A third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40 .			
☐	YES	Name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):	
☐	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 .	
<i>Describe practices:</i>			

Section D

Best Management Practices (BMP) Certifications

☐	The above named dental discharger is implementing the following BMPs as specified in § 441.30(b) or § 441.40 and will continue to do so. • 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

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 facility is a partnership or sole proprietorship. Any of the afore mentioned entities can authorize a duly authorized designated signatory to sign this form by must do so in writing. That documentation must accompany the return of this form. This is required by federal, ([40 CFR 403.12\(l\)\(3\)](#)), state, and local requirements.

"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."

*Authorized Representative Name (print name):

Phone:

Email:

*Authorized Representative Signature

Date

Retention Period; per [§ 441.50\(a\)\(5\)](#)

As long as a Dental facility subject to this part is in operation, or until ownership is transferred, the Dental facility or an agent or representative of the dental facility must maintain this One Time Compliance Report and make it available for inspection in either physical or electronic form. Information retained includes documentation of:

- The dates, person(s) conducting the inspection, and results of each inspection of amalgam separator(s) or equivalent device(s), and a summary of follow-up actions, if needed.
- Amalgam retaining container or equivalent container replacement (date, if applicable)
- All dates that collected dental amalgam is picked up or shipped for proper disposal in accordance with 40 CFR 261.5(g)(3), and the name of the permitted or licensed treatment, storage or disposal facility receiving the amalgam retaining containers.
- Any repair or replacement of an amalgam or equivalent device (include dates, person(s) making repair or replacement, and description of the repair or replacement with make and model).