



MASSACHUSETTS WATER RESOURCES AUTHORITY
SEWER USE DISCHARGE PERMIT APPLICATION

INSTRUCTION SHEET

In accordance with Massachusetts Water Resources Authority (MWRA) Sewer Use Regulations, 360 C.M.R. §§ 10.007, 10.052, 10.072, and 10.092, users must complete and file a Sewer Use Discharge Permit Application. The Application must be filed with the MWRA and the Municipality in which the sewer user's discharge is located. Failure to submit a copy of the application to the Municipality is a violation of 360 C.M.R. 10.052 and may delay the processing of the permit. In addition, if your facility is either a treatment, storage, or disposal facility (TSDF) or Level III recycler under the Massachusetts hazardous waste regulations, a third copy must be sent to the Massachusetts Department of Environmental Protection. Please read the following instructions before completing the form. If you have any questions, please call the Toxic Reduction and Control at (617)305-5627 and ask to speak to the Industrial Coordinator for the city or town in which the facility to be permitted is located.

1. Answer all questions carefully.
2. The application is designed to apply to a wide range of users. It consists of a "standard application," sections A-J, which every user must complete, and three addenda. The tables which you must complete may not entirely reflect your operations. You may slightly alter the tables to better suit your needs so long as you do not significantly change the question by doing so. You must complete the first and second addenda if the facility to be permitted engages in one or more of the operations described in them (or answer N/A as appropriate). If you would like to be covered by the MWRA's General Permit for Low Flow and Low Pollutant Dischargers, you must complete the third addendum.
3. For the questions which do not apply, please write "N/A" or "not applicable" in the space provided. Please do not leave the question blank, because we may assume you missed the question and send the application back to you.
4. If more space is needed, please attach additional pages.
5. If you have previously submitted information required by this application and that information is unchanged, you must resubmit the information. If there are only minor changes, you may resubmit the information and on a separate sheet indicate the changes that have occurred with page references for each change.
6. If you have not already done so, submit to the Massachusetts Department of Environmental Protection (MADEP) a classification of your pretreatment system

by completing the attached pretreatment facility grading report form. Include a process flow diagram of the pretreatment system and send to:

Board of Certification
DEP Training Center
Route 20
Milbury, MA 01527

7. The form must be signed and dated by an authorized representative of the user to be valid. The MWRA has adopted the EPA's definition of an Authorized Representative, 40 CFR 403.12., as follows:

- (A) For a corporation, its (i) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy-or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- (B) For a partnership or sole proprietorship, a general partner or proprietor.

By a duly authorized representative of an individual designated in paragraph (A) or (B) if: (i) the authorization is made in writing by the individual described in paragraph (A) or (B); (ii) the authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the Industrial Discharge originates, such as the position of plant manager or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and (iii) the written authorization is submitted with this form.

8. Submit the completed application in the following manner, please keep a copy for your own records:

- Please submit two copies of the application, one hard copy and one electronic copy to the TRAC office.

- The hard copy of the application should contain a “wet” signature and be mailed to the TRAC office address listed on the top page of page 1 of this application.
 - The electronic copy of the application should be a **single** pdf document that is a compilation of the permit application document and all supporting information. The electronic copy of the application should be emailed to TRACApplications@mwra.com.
 - In the subject line of the email submittal, please identify the submittal as follows: PERMIT APPLICATION, Permit Number, Company Name.
 - Because of file size limitations with the MWRA email server, please scan the permit application and all supporting information at the lowest scan setting. Most scanners will default to a very high photo realistic DPI (dots per inch) setting. Please use the lowest DPI setting to obtain a readable document, yet compressed file size.
 - After scanning, if the pdf file is slightly larger than 5 MB, try compressing a zip file. There may be enough compression with the zip file to get below the 5 MB server limitation. If the file is too large to email, please send an email to TRACApplications@mwra.com requesting a link to the MWRA Share File server.
9. You must submit a completed application no later than sixty (60) days before your current permit expires in order for your current permit to remain in effect pending a decision on your new application.

MWRA ADDRESS:
2 Griffin Way
Chelsea, MA 02150-3334
Attention: TRAC

Note: The MWRA has special applications for certain facility types. If your facility engages solely in a) photo processing and/or printing operations or b) food processing operations, you should call MWRA as directed on Page 1 of these instructions and request the Notice of Intent to Discharge for your type of discharge. Special applications are also required for Colleges and Universities, Landfills, Publicly Owned Drinking Water Treatment Plants, Septage Haulers, and Municipalities. In addition, a separate addendum is required for applicants seeking to discharge from construction site dewatering activities. If you believe you need one of these, please call as directed on Page 1 of these instructions and speak with your Industrial Coordinator.



MASSACHUSETTS WATER RESOURCES AUTHORITY

Notice of Intent to Discharge

Dental Practices That Discharge Amalgam Wastewater

1. What is this form and why is it necessary?

This form, when completed and submitted, requests that the Massachusetts Water Resources Authority (MWRA) issue, revise, or renew a permit for a dental practice that discharges amalgam wastewater, or, for MWRA to determine that this dental practice does not require a permit. Dental practices must have an MWRA Group Permit for Dental Discharges to discharge to the MWRA Sanitary Sewer System unless this form or MWRA regulations state that a permit is not required. This form helps to determine whether you are eligible for a permit and the type of permit you need. If you are eligible, the MWRA will send you an MWRA Group Permit for Dental Discharges. If the MWRA denies your request for a permit or determines that you do not require a permit, it will inform you in writing. Submitting this form is not an authorization to discharge to the sewer system.

2. Who must complete this form?

MWRA requires all dental practices that discharge wastewater to the MWRA Sanitary Sewer System to implement a mercury reduction program that includes reduction of amalgam from dental offices, pursuant to 360 CMR 10.065. You must complete this form if:

- You are a dental practice.
- Your discharge will change, or has changed, and you may need an MWRA Group Permit for Dental Discharges or may be eligible for the General Permit for Low Flow and Low Pollutant Dischargers.

For existing Dental Dischargers, you must submit this Notice of Intent to Discharge at least sixty days before the expiration of the existing MWRA permit, whichever comes first. Once, the Notice of Intent to Discharge is submitted, the existing MWRA permit is hereby extended until the renewed Group Permit for Dental Discharges is issued.

For new Dental Dischargers you may not commence discharging until you receive the MWRA Group Permit for Dental Discharges.

4. Who must not complete this form?

Do not use this form, but instead obtain a MWRA Sewer Use Discharge Permit Application, if:

- You are not a dental practice; or
- You discharge more than 25,000 gallons per day.

5. How to complete and submit this form:

Answer all the questions unless the form specifically instructs you to skip a question or section of the form. If a question does not apply to your facility, write "not applicable" or "n/a" and explain why it is not applicable. Keep a copy of the completed form for your records.

Send the original signed and completed form to:

**Massachusetts Water Resources Authority
Toxic Reduction and Control
2 Griffin Way
Chelsea, MA 02150-3334**

6. What is the application fee?

You do not need to submit a fee with this Notice of Intent. If this is the first permit for your dental practice or you will be covered by the MWRA Group Permit for Dental Discharges, you will be invoiced and required to pay a charge before you receive your permit. The amount of your charge depends on the type of permit. The amount of charge for each type of permit is found in 360 C.M.R. 10.101-10.103 and will be on your invoice and are located here:

<http://www.mwra.com/trac/charges.html>.



MASSACHUSETTS WATER RESOURCES AUTHORITY

DENTAL DISCHARGERS

Notice of Intent to Discharge (NOI)

ANSWER ALL QUESTIONS GENERAL INFORMATION

Name of Dental Practice: _____

Name of Owner(s)/Operator(s) of the dental practice: _____

Owner(s) Address: _____

Owner Telephone No.: _____

Owner's Fax No.: _____

Owner's Email: _____

Date of Ownership: _____

Date of Transfer of Ownership (if applicable): _____

Date the dental practice was established at this location: _____

Dental facility ownership type:

Sole Proprietorship

Partnership

Corporation

Government Agency

Other Institutional Organization (provide institutional type)

Permit Information (Primary person to contact for this form submittal)

Permit Contact Name: _____

Permit Contact Title: _____

Permit Address: _____

Permit Contact Telephone No.: _____

Permit Contact Fax No.: _____

Permit Contact Email: _____

GENERAL INFORMATION (continued)

Billing Information: _____

Billing Contact Name: _____

Billing Contact Title: _____

Billing Address: _____

Billing Contact Telephone No.: _____

Billing Contact Fax No.: _____

Billing Contact Email: _____

Facility Information - Physical Location of dental facility:

Facility Contact Name: _____

Facility Contact Title: _____

Names of Maintenance Operator(s) if different from Owner(s) _____

Facility Address: _____

Facility Contact Telephone No.: _____

Facility Contact Fax No.: _____

Facility Contact Email: _____

SECTION A - ANSWER ALL QUESTIONS UNLESS OTHERWISE INDICATED

1. Provide all applicable North American Industry Classification System (NAICS) code(s) for the dental practice.

YES NO 621210-(NAICS)-Offices of Dentists

YES NO 62151-(NAICS)-Medical and Diagnostic Laboratories

YES NO 621512-(NAICS)-Diagnostic Imaging Centers

YES NO 339114-(NAICS)-Dental Equipment and Suppliers Manufacturing

YES NO 339116-(NAICS)-Dental Laboratories

YES NO 8071 (SIC Code)-Medical Laboratories, Clinical, X-Ray Laboratories (including dental)

YES NO Other (if yes, indicate the NAICS code and description below)

Provide NAICS code: _____

Provide NAICS code description: _____

2. List names of all dentists practicing at this dental practice.

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

3. Is the wastewater discharge from the dental practice an:

YES NO Existing Discharge

YES NO Proposed Discharge (discharge will begin at some date in the future)

4. Commencement date or proposed commencement date of wastewater discharge from the dental practice into the MWRA Sanitary Sewer System.

_____ Proposed Date

5. Does the dental practice have an existing MWRA Permit Number?

YES NO If Yes, provide the MWRA Permit Number. MWRA Permit No.: _____

SECTION B - EXEMPTION

6. This dental practice 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.

YES NO

7. This dental practice 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.

YES NO

8. This dental practice does not discharge any amalgam process wastewater to the MWRA sanitary sewer system and instead transfers all amalgam process wastewater to a Centralized Waste Treatment Facility (CWTF) as defined in 40 CFR 437.

YES NO

If **Yes**, provide the name and address of the Centralized Waste Treatment Facility (CWTF). Also, provide the phone no. and email if known.

Name of CWTF: _____

Phone Number: _____

Address: _____

E-Mail: _____

9. This dental practice discharges only wastewater to the MWRA sanitary sewer system generated from X-Ray developing by using hand tray processing.

YES NO

***IMPORTANT! If the answers to any of the questions listed above (Question #6, #7, #8 or #9) is "YES", you qualify for an exemption. If you claim this exemption go directly to SECTION I, the CERTIFICATION STATEMENT at the end of this form; there are no other questions that you need to answer.**

SECTION C - DESCRIPTION OF DENTAL PRACTICE

10. This dental facility practices dentistry out of a mobile unit.

YES NO

11. This dental practice discharges wastewater to a septic system whose contents are hauled for discharge to a sanitary sewer in the MWRA Sanitary Sewer service area.

YES NO

If **Yes**, provide the name, address, and telephone number of the hauler used. Also, provide Email address if known.

Name of hauler: _____

Phone Number: _____

Address: _____

E-Mail: _____

12. This dental practice discharges wastewater to a holding tank whose contents are hauled for discharge to a sanitary sewer in the MWRA Sanitary Sewer service area.

YES NO

If **Yes**, provide the name, address, and telephone number of the hauler used. Also, provide Email address if known.

Name: _____

Phone Number: _____

Address: _____

E-Mail: _____

SECTION D - DESCRIPTION OF OPERATION OF THE DENTAL PRACTICE

13. Does your dental practice use the following?

YES NO Chair Side Traps. If yes, indicate total number of chairs: _____

YES NO Secondary Vacuum Pump Filter

YES NO Amalgam Separator

YES NO Amalgam Capsules

YES NO Other. If Yes, describe: _____

14. Describe how this dental practice disposes of the amalgam particles recovered from the following (if applicable):

Chair Side Traps, describe: _____

Secondary vacuum pump filters, describe: _____

Amalgam Separator, describe: _____

Other, describe: _____

SECTION E - X-RAY PROCESSING & DISCHARGE INFORMATION

This section is used to describe all X-Ray processing discharges to the MWRA Sanitary Sewer System from your dental practice.

15. This dental practice develops all of its X-Rays digitally. (If no, complete the remaining questions for this section. If yes, skip to the section G.)

YES NO

16. This dental practice performs a photo process generated from X-Ray processing which results in a discharge to the MWRA Sanitary Sewer System.

YES NO

17. Indicate how this dental practice disposes of its fixer solution.

- YES NO Fixer solution is hauled from the facility
- YES NO Fixer solution is treated and discharged to the MWRA Sanitary Sewer System.
- YES NO Other. If Yes, describe: _____

18. If your X-Ray processing wastes go to a holding tank for later discharge to the MWRA Sanitary Sewer System by a waste hauler that is not a silver reclaimer, list the name and address of the hauler, the location of the discharge, and the average amount hauled for the discharge each month in gallons:

Average amount hauled each month in gallons: _____ Gallons/Month

Company Name: _____

Phone Number: _____

Address: _____

E-Mail: _____

19. List the name and address of the company that hauls and treats your waste before discharge and the average amount hauled each month in gallons.

Average amount hauled each month in gallons: _____ Gallons/Month

Company Name: _____

Phone Number: _____

Address: _____

E-Mail: _____

SECTION F - OPERATIONAL CHARACTERISTICS FOR X-RAY PROCESSING

20. Describe the X-Ray processing at your dental practice:

Number of processors used at your dental practice: _____

Number of processing hours/day _____

Number of processing days/week _____

21. What is your average wastewater discharge from the X-Ray processing operation, including rinse water, in gallons per day (GPD): _____

22. How did you determine the amount of your wastewater discharge?

YES NO Water supply meter readings

YES NO Manufacturers' processing specs

YES NO Wastewater flow meter readings

YES NO Calculated

YES NO Estimated, describe method using calculation provided by manufacturer. : _____

23. Where are your photo X-Ray wastes discharged?

YES NO Floor drain

YES NO Sink

YES NO Stand pipe

YES NO Other. If Other (check mark in Yes Box), describe method: _____

24. What silver recovery (pretreatment type) is used at your dental practice (indicate all that applies and indicate how many of each):

YES NO Electrolytic If Yes, how many? _____

YES NO Metallic Replacement If Yes, how many? _____

YES NO Ion Exchange If Yes, how many? _____

YES NO Evaporation/Distillation If Yes, how many? _____

YES NO Chemical precipitation If Yes, how many? _____

YES NO Other If Yes, how many? _____

For other, describe method: _____

SECTION F - OPERATIONAL CHARACTERISTICS FOR X-RAY PROCESSING (continued)

25. What is the servicing schedule for the silver pretreatment system at your dental practice? (Check each applicable option below):

YES NO Monthly

YES NO Quarterly

YES NO Annually

YES NO Other (If Yes, Describe) _____

26. Provide your dental practice's hazardous waste generator Identification Number (if any): _____

SECTION G - DESIGN, OPERATION, AND MAINTENANCE OF AMALGAM SEPARATOR OR EQUIVALENT DEVICE

The design, operation, and maintenance of the amalgam separator must meet the requirements in accordance with 40 CFR 441 and 310 CMR 73.00, whichever requirements are more stringent, and will continue to do so.

27. This dental practice has installed one or more ISO 11143 (or ANSI/ADA 108-2009) 40 CFR 441 and 310 CMR 73.00 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: If Yes, provide the number of chairs.

YES NO If Yes, provide the number of chairs. _____

28. This dental practice installed prior to June 14, 2017, one or more existing amalgam separators that do not meet the requirements of 40 CFR 441.30(a)(1)(i) and (ii) at the following number of chairs at which amalgam placement or removal may occur. If Yes, provide the number of chairs.

YES NO If Yes, provide the number of chairs. _____

28a. If one or more existing amalgam separators that do not meet the requirements of 40 CFR 441.30(a)(1)(i) and (ii), I understand that such separators must be replaced with one or more amalgam separators (or equivalent devices) that meet the requirements of 40 CFR 441.30(a)(1) or Section 441.30(a)(2), with a removal efficiency of 98%.

YES NO

29. For each amalgam separator currently operating at the dental practice provide the following information:

	<u>Unit 1</u>	<u>Unit 2</u>	<u>Unit 3</u>	<u>Unit 4</u>	<u>Unit 5</u>
Device Name:	_____	_____	_____	_____	_____
Model Number:	_____	_____	_____	_____	_____
Make:	_____	_____	_____	_____	_____
Year of Installation:	_____	_____	_____	_____	_____
ANSI or ISO Compliant:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Number of Chairs Serviced:	_____				

If you have more amalgam separators than the space provided, please list remaining units in the section below.

SECTION G - DESIGN, OPERATION, AND MAINTENANCE OF AMALGAM SEPARATOR OR EQUIVALENT DEVICE (continued)

30. If your dental practice operates equivalent amalgam separator devices, please provide the following information:

	<u>Unit 1</u>	<u>Unit 2</u>	<u>Unit 3</u>	<u>Unit 4</u>	<u>Unit 5</u>
Device Name:	_____	_____	_____	_____	_____
Model Number:	_____	_____	_____	_____	_____
Make:	_____	_____	_____	_____	_____
Year of Installation:	_____	_____	_____	_____	_____
Average removal efficiency of equivalent device as determined, by 40 CFR 441.30(a)(2)(ii)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Number of Chairs Serviced:	_____				

If you have more equivalent devices than the space provided, please list remaining units in the section below.

31. I certify that the amalgam separator (or equivalent devices) are designed and will be operated and maintained to meet the requirements in 40 CFR 441 and 310 CMR 73.00.

YES NO

32. A third-party service provider is under contract with this practice to ensure proper operation and maintenance in accordance with 40 CFR 441 and 310 CMR 73.00.

YES NO

If **Yes**, provide the name of third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable).

Company Name: _____

If **No**, provide a description of the practices employed by the dental practice to ensure proper operation and maintenance in accordance with 40 CFR 441 and 310 CMR 73.00.

SECTION H - BEST MANAGEMENT PRACTICES (BMPs) CERTIFICATIONS

33. Waste amalgam including, but not limited to, dental amalgam from chair side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, is not discharged to the MWRA sanitary sewer system.

- This practice does not discharge amalgam waste to the sewer.
- This practice does discharge amalgam waste to the sewer.

34. Waste amalgam including, but not limited to, dental amalgam from chairside traps, screens, vacuum pump filters, dental tools, cuspidors, capsules, and collection devices, is not discharged to the sanitary sewer. Such items are not rinsed in a sink or other sanitary sewer connection.

- This practice does not discharge amalgam waste to the sewer, no items are rinsed in the sink.
- This practice does discharge amalgam waste to the sewer.

35. Dental unit water lines, chair side traps, and vacuum lines that discharge amalgam process wastewater to the MWRA Sanitary Sewer System are not cleaned with bleach, oxidizing or acidic cleaners that may increase the leaching of solid mercury.

- This practice does not clean dental unit water lines with bleach, oxidizing or acidic cleaners.
- This practice does clean dental unit water lines with bleach, oxidizing or acidic cleaners.

36. Dental unit water lines, chair-side traps, and vacuum lines are not cleaned with oxidizing or acidic cleaners, including but not limited to bleach, chlorine, iodine, and peroxide that have a pH lower than 6.5 or greater than 8.

- This practice does not clean dental unit water lines with cleaners with a pH lower than 6.5 or greater than 8.
- This practice does clean dental unit water lines with cleaners with a pH lower than 6.5 or greater than 8.

37. Amalgam waste is collected, packaged, labeled, stored, managed, and disposed in accordance with state and local regulations and recycler or hauler instructions.

- This practice does collect and dispose of amalgam waste in accordance with state and local regulations.
- This practice does not collect and dispose of amalgam waste in accordance with state and local regulations.

38. Amalgam, elemental mercury, broken or unusable amalgam capsules, extracted teeth with amalgam, chair side traps, and vacuum system screens/filters are not disposed with medical waste or regular solid waste.

- This practice does not dispose of amalgam waste with medical or regular solid waste.
- This practice does dispose of amalgam waste with medical or regular solid waste.

39. Bulk liquid mercury is not used at this dental practice; this dental practice only uses pre-capsulated dental amalgam.

- This dental practice only uses pre-capsulated dental amalgam.
- This dental practice uses bulk liquid dental amalgam.

SECTION H - BEST MANAGEMENT PRACTICES (BMPs) CERTIFICATIONS (continued)

40. This dental practice trains staff in the proper handling, management and disposal of amalgam waste and other hazardous solutions.

- This dental practice trains staff of the proper handling, management and disposal of amalgam waste and other hazardous solutions.
- This dental practice does not train staff of the proper handling, management and disposal of amalgam waste and other hazardous solutions.

41. This dental practice maintains documentation of training.

- This dental practice maintains documentation of staff training.
- This dental practice does not maintain documentation of staff training

SECTION I - CERTIFICATION STATEMENT

42. IMPORTANT! Only certain persons may sign the certification of this form:

(A) For a corporation, its (i) president, secretary, treasurer, or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

(B) For a partnership or sole proprietorship, a general partner or proprietor.

(C) By a duly authorized representative of an individual designated in paragraph (A) or (B) if: (i) the authorization is made in writing by the individual described in paragraph (A) or (B); (ii) the authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the Industrial Discharge originates, such as the position of plant manager or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and (iii) the written authorization is submitted with this form.

CERTIFICATION STATEMENT

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 : _____

Signature: _____

(Name of the person whose signature is above)

Title: _____

Telephone No.: _____

Email Address: _____

Date: _____

END of NOI