



**City of Attleboro Wastewater Department
Pretreatment Division – Dental Amalgam Program**

**APPLICATION FOR
DENTAL DISCHARGE PERMIT**

Return To:

**City of Attleboro Wastewater Department
Aaron Dumont
Industrial Pretreatment Division
77 Park Street
Attleboro, MA 02703
(774) 203-1823 Fax (508) 761-9837
industrialpretreatment@cityofattleboro.us**

A permit fee of \$2000.00, payable by check to the “**City of Attleboro**”, must accompany this application, per City of Attleboro Sewer Use Regulations, 16-22.6 c. A Dental Discharge Permit cannot be transferred to another person or entity and shall be renewed every five (5) years.

The City of Attleboro requires an **APPLICATION FOR DENTAL DISCHARGE PERMIT** be completed by every dental facility in the city which places or removes dental amalgam and discharges wastewater to the Attleboro municipal sewer system. In addition, if you have not already submitted a **ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS**, one must accompany this application. This is required of every dental discharger, including those facilities that do not place dental amalgam and do not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. For help completing this application for Dental Discharge Permit, please refer to the instructions at the end of this form. (rev0621)

Application Due Date: _____

IPC Initials _____

1.0. General Information

1.1. Name of Facility			
1.2. Physical Address of Dental Facility			
City:		State:	Zip:
1.3. Mailing Address			
City:		State:	Zip:
1.4. Facility Contact			
Phone:		Email:	
1.5. Name(s) of Owner(s):			
Name(s) of Operator(s) if different from Owner(s):			

2.0. Dental Practitioners

List of all Dentists Practicing at this Office			
2.1. Names:		2.2. Days on Site (circle all that apply)	
		M T W R F Sa Su	
		M T W R F Sa Su	
		M T W R F Sa Su	
		M T W R F Sa Su	
		M T W R F Sa Su	
		M T W R F Sa Su	
2.3. Number of Chairs in this Office:			2.4. Number of Fixtures draining to AS:

3.0. Best Management Practices

Dental practices are required to implement mandatory Best Management Practices (BMPs) for compliance per [40 CFR Part 441.30\(b\)](#) or [40 CFR Part 441.40\(b\)](#) and City of Attleboro Ordinance 16-22. Check items below to certify that this dental practice has implemented all 11 BMPs, or will implement these mandatory BMPs within the first 90 days of commencing discharge to the POTW.

- 3.1. Eliminate all use of bulk elemental mercury (also referred to as liquid or raw mercury).
- 3.2. Use only pre-capsulated dental amalgam in the smallest appropriate size.
- 3.3. 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).
- 3.4. Change or empty chair-side traps frequently and store the trap and its contents with amalgam waste in amalgam waste containers.
- 3.5. Never rinse traps in the sink.
- 3.6. Dental unit water lines, chair-side traps and vacuum lines that discharge amalgam process wastewater to a POTW 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.
- 3.7. Change vacuum pump filters and screens as needed or as directed by the manufacturer and store them with amalgam waste.
- 3.8. For dry vacuum turbine units, have a qualified maintenance technician, amalgam recycler, or hazardous waste disposal service pump out and clean the air-water separator tank.
- 3.9. Have a licensed recycling contractor, mail-in service, or hazardous waste hauler remove your amalgam waste.
- 3.10. Maintain written or computerized logs onsite of amalgam waste generated and of amalgam waste removed from the vacuum system or plumbing. Store all amalgam in airtight containers. Never pour fixer solution down the drain.
- 3.11. Train staff in proper handling, management, and disposal of mercury-containing material and fixer solutions. Maintain a training log.

4.0. Designation of Authorized Agent

An authorized agent or authorized company representative is: (1) a person who is a principal executive officer or other corporate officer with signatory powers as per the company's by-laws or (2) a person elected by a vote of the directors if the company is a corporation; (3) a general partner or proprietor if the company is a partnership or sole proprietorship respectively; (4) a duly authorized representative with responsibility for the overall operation of the facility and has the authority to sign contracts, permits, permit applications, monitoring reports, and other documents in the company's name and otherwise bind the company. ***Please complete the Designation of Authorized Agent section of this application to designate an authorized representative to make submittals on behalf of your firm to the City of Attleboro, Wastewater Department, Attention: Industrial Pretreatment Coordinator.***

The City of Attleboro will not accept documents signed by persons other than the Company's authorized agent(s) or authorized representative(s).

I, _____, certify that I am
(Print Name of Company Official)

the _____ of _____
(Title) (Company Name)

and that:

(Print Name of Company Agent) (Title)

(Print Name of Company Agent) (Title)

is(are) authorized to make submittals to the City of Attleboro, Industrial Pretreatment Division

on behalf of _____
(Print Name of Company)

and that said submittals are duly signed for and in behalf of said corporation by authority of its governing body, and are within the scope of its corporate powers.

(Print Name of Company Official) (Signature of Company Official) (Date)

NOTE: The City of Attleboro will accept the above named person(s) as the company's authorized agents(s) until notified otherwise.

5.0. Certification Statement

Per City Ordinance 16-22 All reports submitted to the Dept. of Wastewater 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.

"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 (<i>print name</i>):			
Phone:		Email:	
<i>Authorized Representative Signature</i>		<i>Date</i>	

Instructions for completing the *Application for Dental Discharge Permit*:

1.0. General Information

- 1.1. Business name of the facility.
- 1.2. Physical street address of the facility.
- 1.3. Mailing address if it is different from the physical address of the facility.
- 1.4. Contact person who is knowledgeable about the operation of the facility.
- 1.5. Name of the owner of the facility. Also list the name of the operator of the facility if different from the owner. Operators are those who are responsible for the day to day operations of the facility.

2.0. Dental Practitioners

- 2.1. List the individual names of all dentists.
- 2.2. Circle the days of the week each dentist is usually on duty.
- 2.3. Provide the total number of dental chairs in the office.
- 2.4. Provide the total number of fixtures (chair-side traps, cuspidors, etc.) draining to the amalgam removal device(s).

3.0. Best Management Practices

All of the BMPs listed are mandatory requirements. Please read and review each BMP carefully. By checking each box, you are certifying your compliance to each one, or if a new source, you will be in compliance with each one within the first 90 days of the start of discharge to the POTW.

4.0. Designation of Authorized Agent

This section must be completed and signed by a company official. Please read the definition and duties of an Authorized Agent or Authorized Representative. Complete the requested information on the company official. Then choose the person or persons you wish to designate as an Authorized Agent/Representative, printing their name(s) and title(s) where appropriate. If the company official making the designation, will also be an Authorized Agent/Representative, his/her name and title should be provided where appropriate. Then print the name and provide the signature and date of the company official making the designation(s).

5.0. Certification Statement

This application, as well as any future submission of information, documents or reports, must be accompanied by a signed and dated *Certification Statement* completed by an Authorized Agent of the company.

Please forward this signed Application for Dental Discharge Permit, along with the application fee in the amount of \$2000.00 made out to the "City of Attleboro" to:

Industrial Pretreatment Office
City of Attleboro Department of Wastewater
77 Park Street
Attleboro, MA 02703