



# GOBIERNO DE PUERTO RICO

## Autoridad de Acueductos y Alcantarillados

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July 8, 2020

### DENTAL OFFICES DISCHARGING TO PUERTO RICO AQUEDUCT SEWER AUTHORITY SANITARY SYSTEM

#### **NOTICE TO FILE DENTAL AMALGAM ONE-TIME COMPLIANCE REPORT**

In 1985, the Puerto Rico Aqueduct and Sewer Authority (PRASA) was delegated the administration of the Pretreatment Program by the Environmental Protection Agency (EPA). The purpose of this Program is, among others, to regulate users that discharge into PRASA's sanitary sewer system and to comply with the discharge permits of PRASA's wastewater treatment plants issued by EPA. The objectives of the Program include the following: protection of the system infrastructure and the plants treatment processes, guarantee the protection of PRASA's employees and protect public health and the environment. The Rules and Regulations for the Supply of Water and Sewer Service (the Ordinance) of PRASA establish requirements applicable to all users that discharge wastewater to PRASA's treatment facilities. In accordance with Section 2.04(B) of the Ordinance, *no user shall discharge, or cause to be discharged* any pollutant or wastewater which passes through or interferes with the operation or performance of a treatment works.

As part of PRASA's mission to return clean water to the environment, the Pretreatment Program is responsible for monitoring and controlling non-domestic wastewater discharges into PRASA's sanitary sewer system. On June 14, 2017, the EPA established Effluent Limitations Guidelines and Standards for the Dental Category (40 CFR § 441) that became effective on July 14, 2017. Existing sources of dental discharges must achieve the pretreatment standards by no later than July 14, 2020. In accordance with § 441.40, as of July 14, 2017, any new source of Dental Discharges must comply with the pretreatment standards.

The Rule applies to wastewater discharges to PRASA's sanitary sewer system from offices where the practice of dentistry is performed, including large institutions such as dental schools and clinics, and permanent or temporary offices. The pretreatment standards set forth in 40 CFR § 441 apply to any dental user that discharges wastewater that may contain dental amalgam, and it does not apply to the following:

- Dental Dischargers that exclusively practice one of more of the following dental specialties:
  - Oral Pathology
  - Oral and maxillofacial radiology
  - Oral and maxillofacial surgery
  - Orthodontics
  - Periodontics
  - Prosthodontics
  
- Dental Dischargers that generate wastewaters from a mobile unit they operate.

- Dental Dischargers that do not discharge any amalgam process wastewater to PRASA's treatment facilities, such as Dental Dischargers that collect all dental amalgam process wastewater for transfer to a Centralized Waste Treatment facility as defines in 40 CFR § 437.

Furthermore, as required in 40 CFR § 441.50(a)(3)(i), Dental Dischargers that do not place dental amalgam, and do not remove amalgam except in limited emergency or unplanned, unanticipated circumstances must certify such to PRASA in a One-Time Compliance Report, and are exempt from any further requirements of the Rule.

However, the Rule requires that any dental user that may remove amalgam in limited emergency or unplanned, unanticipated circumstances submit a One-Time Compliance Report with the required certification in order to be in compliance.

**PRASA requires that all applicable dental users must complete and submit a Dental Amalgam One-Time Compliance Report to PRASA no later than August 14, 2020 or 90 days after a transfer of ownership. For new sources, a One-Time Compliance Report must be submitted to PRASA no later than 90 days following the introduction of wastewater into a PRASA's treatment facility.**

In order to facilitate the reporting process to dental users and to assist in the compliance with this federal requirement, PRASA developed the Dental Amalgam One-Time Compliance Report. Please complete the attached Compliance Report and return it to PRASA's offices no later than **August 14, 2020**. The report in original will be addressed and/or delivered to **Lisby M. Pagan Gonzalez, Auxiliary Director for Regulatory Affairs**, to the address below:

**Postal Address**

Autoridad de Acueductos y Alcantarillados de Puerto Rico  
Cumplimiento Ambiental, Salud y Seguridad Ocupacional, Piso 7  
PO Box 7066  
San Juan, PR 00916-7066

Please send a copy of the One-Time Compliance Report via email to [amalgamarule@acueductospr.com](mailto:amalgamarule@acueductospr.com).

PRASA appreciates your efforts to comply with this regulation prepared with the purpose of protecting human health and the environment. If you have any questions regarding this survey or need more information, please contact us at (787) 620-2277, extensions 2455 or 2393 or by email at [amalgamarule@acueductospr.com](mailto:amalgamarule@acueductospr.com).

Cordially,

Lisby M. Pagán González, Auxiliary Director for Regulatory Affairs  
Environmental Compliance, Health and Occupational Safety

**ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS  
To Comply with 40 CFR 441-DENTAL OFFICE POINT SOURCE CATEGORY**

Dental users that discharge wastewaters to PRASA's treatment facilities shall submit this One-Time Compliance Report to PRASA in accordance with 40 CFR § 441.50. Some dental facility are not required to submit a one-time compliance report. See the applicability section § 441.10.

**Section A: General Information**

<b>A1. Name of Facility</b>					
<b>A2. Facility Physical Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>A3. Facility Mailing Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>A4. Facility Contact Information</b>					
<b>Phone</b>		<b>Emergency Phone</b>			
<b>Email</b>		<b>Fax</b>			
<b>A5. Name(s) of Owner(s)</b>					
<b>A6. Name(s) of Operator(s) if different from Owner(s)</b>					
<b>A7. Person to be contacted about One-Time Compliance Report</b>					
<b>Name</b>		<b>Title</b>			
<b>Phone</b>		<b>Email</b>			

## Section B: Applicability and Classification

B1. Select the best option that applies to the facility and fill out any corresponding information									
<input type="checkbox"/>	<p>This facility is a <b>Dental Discharger subject to 40 CFR § 441</b>, that places or removes dental amalgam such that it generates amalgam process wastewater that may contain dental amalgam which may be discharged into PRASA’s treatment facilities.</p> <p><i>(Complete sections C, D, E, F, and G)</i></p>								
<input type="checkbox"/>	<p>This facility is a <b>Dental Discharger subject to 40 CFR § 441</b> and it does not place dental amalgam, and it does not remove dental amalgam except in limited emergency or unplanned, unanticipated circumstances. Certify<sup>j</sup> as such below:</p> <p><i>“I certify that this facility does not place dental amalgam, and does not remove dental amalgam except in limited emergency or unplanned, unanticipated circumstances.”</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">_____</td> <td style="width: 50%; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Name</td> <td style="text-align: center;">Position</td> </tr> <tr> <td style="width: 50%; text-align: center;">_____</td> <td style="width: 50%; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Signature</td> <td style="text-align: center;">Date</td> </tr> </table> <p><i>(Complete section G only)</i></p>	_____	_____	Name	Position	_____	_____	Signature	Date
_____	_____								
Name	Position								
_____	_____								
Signature	Date								
B2. Please select if applicable: Transfer of Ownership									
<input type="checkbox"/>	<p>This facility is a <b>Dental Discharger</b> subject to 40 CFR § 441, and it has previously submitted a One-Time Compliance Report. This facility is submitting a new One-Time Compliance Report because of a <b>Transfer of Ownership</b> as required in § 441.50(a)(4).</p>								

## Section C: Description of Facility

<b>C1. Total number of chairs:</b>		
<b>C2. Total number of chairs at which dental amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed):</b>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	<p>This facility discharged amalgam process wastewater prior to July 14<sup>th</sup>, 2017 under the current or previous ownership. If unknown, please explain below:</p>

**C3. Provide a description of any existing amalgam separator(s) or equivalent device(s) currently operated to include, at a minimum, the make, model, year of installation.**

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**Section D: Description of Amalgam Separator(s) or Equivalent Device(s)<sup>2</sup>**

**D1. Select the option that best describes the amalgam separator(s) or equivalent device(s) in the facility and fill out any corresponding information.**

<input type="checkbox"/>	<p>The Dental Discharger has not installed any amalgam separator(s) or removal device(s) that meet the requirements set forth in 40 CFR § 441.30(a) at the following number of chairs at which amalgam placement or removal may occur:</p>	<p><i>Chairs:</i></p>
<input type="checkbox"/>	<p>I understand that any existing source subject to 40 CFR § 441 must achieve the pretreatment standards set forth in § 441.30 no later than July 14<sup>th</sup>, 2020, and any new source subject to the Rule must comply with the pretreatment standards set forth in § 441.40 since July 14<sup>th</sup>, 2017.</p>	
<input type="checkbox"/>	<p>The Dental Discharger installed prior to June 14<sup>th</sup>, 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:</p>	<p><i>Chairs:</i></p>
<input type="checkbox"/>	<p>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 §441.30(a)(2) after their useful life has ended, and no later than June 14<sup>th</sup>, 2027, whichever is sooner.</p>	
<input type="checkbox"/>	<p>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.</p>	<p><i>Chairs:</i></p>
<p>Please verify that the total number of chairs at which amalgam placement or removal may occur accounted for in this section matches the amount documented in <i>Section C2</i> of this document. If not explain below:</p>		

D2. Provide information about all the amalgam separator(s) or equivalent device(s) at the facility.		
Make	Model	Year of Installation

**Section E: Design, operation and maintenance of amalgam separator(s) or equivalent device(s)**

E1. Fill out any corresponding information, as required	
YES <input type="checkbox"/>	Is the amalgam separator(s) or equivalent device(s) designed to meet the requirements in 40 CFR § 441.30 or § 441.40?  <i>(If yes, certify the following statement)</i>
<p><i>"I certify that the amalgam separator(s) or equivalent device(s) is designed and will be operated and maintained to meet the requirements specified in 40 CFR § 441.30 or § 441.40."</i></p> <p>_____</p> <p style="text-align: center;">Name <span style="margin-left: 200px;">Position</span></p> <p>_____</p> <p style="text-align: center;">Signature <span style="margin-left: 200px;">Date</span></p>	
Is a third-party service provider under contract with this facility to ensure the proper operation and maintenance of the amalgam separator(s) or equivalent device(s) in accordance with 40 CFR § 441.30 or § 441.40?	
YES <input type="checkbox"/>	If yes, provide the name of the third-party service provider (e.g. Company Name) that maintains the amalgam separator(s) or equivalent device(s):

NO <input type="checkbox"/>	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 in the space below:
Describe practices:	
<p><b>Note:</b> If you do not comply with the required certification, please document the reason in Section G2 in Additional Comments.</p>	

### **Section F: Implementation of Best Management Practices (BMPs)**

The following BMPs specified in 40 CFR § 441.30(b) or § 441.40 must be implemented by all Dental Dischargers subject to pretreatment standards in 40 CFR § 441:

- 1) 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 (POTW) (e.g. PRASA’s sanitary sewer system).
- 2) Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a POTW (e.g. PRASA’s sanitary sewer 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.

<b>F1. Select the best option and fill out any corresponding information, as required</b>	
<p>The Dental Discharger is implementing the BMPs specified in 40 CFR § 441.30(b) or § 441.40 as required and will continue to do so. Certify<sup>i</sup> as such below:</p> <p><i>“I certify that this facility is implementing the BMPs specified in 40 CFR § 441.30(b) or § 441.40 and will continue to do so.”</i></p>	
Name	Position
Signature	Date

## Section G: Retention Period & Certification

### G1. Retention Period

I understand that as long as a Dental Discharger subject to 40 CFR §441 is in operation, or until ownership is transferred, the Dental Discharger or representative of the Dental Discharger must maintain the One-Time Compliance Report as required in §441.50(a)(5) and make it available for inspection in either physical or electronic form.

### G2. Additional Comments

### 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 discharger is a partnership or sole proprietorship, or a duly authorized representative in accordance with the requirements of 40 CFR § 403.12(l).

*"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 40 CFR § 403.12(l) of the above-named dental facility. I certify under penalty of law that this document and all attachments thereto 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."*

\_\_\_\_\_

Name

\_\_\_\_\_

Position

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

<sup>1</sup> If the signatory of a certification finds that the requirements are not met as specified, document an explanation describing the circumstances under which the Dental Discharger is not in compliance with the requirements of the corresponding regulation in Section G2 of this document.

<sup>2</sup> The amalgam removal device(s) must achieve a removal efficiency of at least 95 percent of the mass of solids from all amalgam process wastewater. The removal efficiency must be calculated, determined and demonstrated in accordance with 40 CFR § 441.30(a)(2)(i)-(iii).