

BRUNSWICK COUNTY PUBLIC UTILITIES

OPERATIONS CENTER

250 GREY WATER ROAD NE
SUPPLY, NORTH CAROLINA 28462

MAILING ADDRESS
P. O. Box 249
BOLIVIA, NORTH CAROLINA 28422

TELEPHONE
(910) 253-2657
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(910) 253-4305

February 14, 2020

Dear Brunswick County Dental Facility:

The Environmental Protection Agency promulgated 40 Code of Federal Regulations (CFR) Part 441 Effluent Limitations Guidelines and Standards for the Dental Category, effective July 14, 2017. This is commonly referred to as the new Dental Amalgam Rule. This rule regulates mercury discharged into wastewater from dental facilities to Publicly Owned Treatment Works (POTW).

Brunswick County dental facilities must comply with the new rule by completing the One-Time Compliance Report (OTCR) and sending it to Brunswick County Public Utilities by October 12, 2020. These reports will be compiled and forwarded to the State of North Carolina Department of Environmental Quality. For more information on the Dental Amalgam Rule, go to www.deq.nc.gov.

Enclosed is the OTCR that must be completed and sent to:

Brunswick County Public Utilities
ATTN: Pretreatment
P. O. Box 249
Bolivia, NC 28422-0249

It can also be emailed to: brian.blanton@brunswickcountync.gov.

If there are any questions, please do not hesitate to call (910) 253-2841. Thank you for your cooperation with this matter.

Brian Blanton
Pretreatment Coordinator

/kmg

Attached: OTCR form



ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS
As Required by 40 CFR Part 441 Effective Date: July 14, 2017
Effluent Limitations Guidelines and Standards for the Dental Category

General Information

Name of Practice			
Physical Address			
Mailing Address			
Facility Contact Name and Title			
Phone:		Email	
Owner/ Operator(s)			
Facility Signatory Official (per 40 CFR Part 441.50(a)(2)) Name and Title			
Phone:		Email	

Names of Licensed Dentists currently in this practice	

Please select one of the following

<input type="checkbox"/>	This practice is a dental discharger subject to this rule and does place and/or remove dental amalgam. <i>Complete sections A, B, C, D, E and F</i>
<input type="checkbox"/>	This practice is a dental discharger that <i>exclusively practices</i> one or more of the following dental specialties exempted in 40 CFR Part 441.10(c): oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics. <i>Complete section F only</i>
<input type="checkbox"/>	This practice is a dental discharger that <i>does not</i> place dental amalgam, and <i>does not</i> remove amalgam except in limited emergency or unplanned, unanticipated circumstances (per 40 CFR Part 441.10(f)) <i>Complete section F only</i>
<input type="checkbox"/>	This practice is a dental discharger that does not discharge dental amalgam wastewater to a Publicly Owned Treatment Works (POTW) because: <ul style="list-style-type: none"> <input type="checkbox"/> The practice discharges dental process wastewater to a septic tank <input type="checkbox"/> The practice collects dental process wastewater for transfer to a Centralized Waste Treatment Facility (CWT). <input type="checkbox"/> Other _____ <i>Complete section F only</i>

Section A
Description of facility

Total number of chairs:	
Total number of chairs at which amalgam placement or removal occurs:	
Narrative description <i>(optional)</i>	

Section B
Description of amalgam separator or equivalent device

<input type="checkbox"/>	My facility has installed one or more ISO 11143 compliant amalgam separators (or equivalent devices) since June 14, 2017 that captures all amalgam containing waste from the above identified chairs (in Section A) where amalgam is placed or removed.		
<input type="checkbox"/>	My facility has one or more <i>existing</i> amalgam separators installed prior to June 14, 2017 that capture amalgam containing waste from the above identified chairs (in Section A) where amalgam is placed or removed. I understand that the separator(s) must be replaced with one or more ISO 11143 compliant amalgam separators (or equivalent devices), after its lifetime has ended, and no later than June 14, 2027 .		
	Make	Model	Year of installation
<input type="checkbox"/>	My facility operates an equivalent device.		
	Make	Model	Year of installation
			Average removal efficiency of equivalent device, as determined per 40 CFR 441.30(a)(2)(i- iii).

Section C

Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

<input type="checkbox"/>	Yes	The amalgam separator (or equivalent device) is designed and is operated and maintained to meet the requirements in §441.30 or
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.		
<input type="checkbox"/>	Yes	Name of service provider:
<input type="checkbox"/>	No	If no, provide a description of practices employed by the facility to ensure proper operation and maintenance in accordance with 40 CFR Part 441.30 or Part 441.40.

Section D

Best Management Practices (BMP) Certifications

<input type="checkbox"/>	The above named dental discharger is implementing the following BMPs as specified in 40 CFR Part 441.30(b) or 40 CFR Part 441.40(b) and will continue to do so. <ul style="list-style-type: none">• 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 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 POTW must not be cleaned with oxidizing or acidic cleaners that may increase the leaching of solid mercury.
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Section E

Recordkeeping and Record Retention

<input type="checkbox"/>	I have read and understand the Recordkeeping and Record Retention requirements for dental dischargers in 40 CFR Pat 441.50 (a) and (b).
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Section F
Certification Statement

"I, _____, am a duly authorized representative 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 Signatory Representative Name:

Authorized Signatory Representative Signature

Date