



SARATOGA COUNTY SEWER DISTRICT #1 AMALGAM SEPARATOR INSTALLATION PERMIT APPLICATION

Date Applied: _____

FOR OFFICE USE ONLY: Permit Number: _____	Reviewed By: _____
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Name of Project: _____

Location of Project: _____

Tax Map Number (SBL) of Project's Location: _____

Description of Project: _____

Former use of Premises (if not new construction): _____

Number of Dental Seats: _____

NYSDEC Notice of Dental Amalgam Separator Installation Form attached? Yes No

SCSD #1 Dental Amalgam Waste Question form attached? Yes No

Property Owner's Name: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Contractor: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Design Engineer: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Work shall be in accordance with current Saratoga County Sewer District #1 (SCSD #1) Standards and Specifications. SCSD #1 requires the amalgam separator installation permit applicant and the project's contractor to designate an agent to whom SCSD #1 shall direct all written, verbal and electronic communications regarding the proposed project or sewer connection.

NOTE: By naming such designated agent, the applicant and the project's contractor agree to be bound by all decisions communicated by said designated agent to SCSD #1 regarding the proposed project. By signing below, the designated agent assumes the responsibility of complying with SCSD#1's Sewer Use Ordinance requirements and acknowledges that they could be subject to enforcement action thereunder if necessary. SCSD #1's permit to construct sanitary sewer facilities or connections shall expire one (1) year from the date of its execution by SCSD #1 and the permittee. See sheet two (2) for additional requirements.

Designated Agent: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Signature of Designated Agent: _____

Name of Designated Agent: _____

(Please print)

ADDITIONAL REQUIREMENTS: Call 518-664-7396 twenty-four (24) hours in advance to schedule inspection of the amalgam separator installation. Approval for use will not be granted until a satisfactory inspection has been completed. The property owner will own and maintain the lateral up to the point of connection with SCSD #1 sewer main.

This permit does not convey legal access to any real property. Please be advised that local municipalities may have additional permitting requirements.

For additional information, forms, requirements and standard details please follow the link below:

<http://www.saratogacountyny.gov/departments/sewer-district-1/>

FOR OFFICE USE ONLY:

Engineering Certification Required Yes No

Special Conditions Attached Yes No

Fee: \$ _____ **Days:** _____ **Date Paid:** _____ **Insp. Engr.:** _____

Check # _____

Insurance Certificate Approved date: _____ **Checked By:** _____

Permit Administrator

Date of Issue

SPECIAL CONDITIONS:

Subpart 374-4: Standards For The Management Of Elemental Mercury and Dental Amalgam Wastes Dental Facilities

(Statutory authority: Environmental Conservation Law Section 27-0926)

Contents:

Sec.

374-4.1 - General Requirements

374-4.2 - Requirements for the Management Of Elemental Mercury and Dental Amalgam Waste at Dental Facilities

374-4.1 General Requirements

(a) Purpose

This Subpart establishes requirements for dental facilities concerning the use and possession of elemental mercury and for the proper management of dental amalgam waste and elemental mercury waste through recycling.

(b) Applicability

This Subpart shall apply to any dental facility where dental amalgam is applied, altered, maintained, removed or disposed; where dental amalgam waste is generated; or where elemental mercury has been used or is possessed by dentists licensed or otherwise authorized to practice dentistry under Article 133 of the New York State Education Law.

(c) Definitions

(1) "Amalgam separator" means a type of dental equipment designed to remove dental amalgam particles from the wastewater of a dental facility and meeting the standards specified in subdivision 374-4.2(a) of this Subpart.

(2) "Dental amalgam" means an alloy which contains mercury and other metals used in the practice of dentistry.

(3) "Dental facility" means any institution, clinic, office or other location where the practice of dentistry is performed.

(4) "Dental amalgam waste" means waste from a dental facility containing:

(i) Dental amalgam that has been in contact with the patient including, but not limited to: extracted teeth with dental amalgam restorations, carving scrap collected at chair-side, dental amalgam captured by chair-side traps, vacuum pump filters, amalgam separators or other dental amalgam capture devices;

(ii) Dental amalgam that has not been in contact with the patient including, but not limited to: excess dental amalgam mix and the used pre-encapsulated dental amalgam capsules remaining at the end of a dental procedure; and

(iii) Dental amalgam that may have accumulated in the plumbing system of a dental facility.

(5) "Elemental mercury" means a heavy, silvery-white metal that is liquid at room temperature and is represented by the chemical symbol "Hg" with an atomic number of 80 and an atomic mass of 200.59.

(6) "Large dental facility" means an institution which houses fifty (50) or more dental chairs.

(7) "Practice of dentistry" means the practice of dentistry as defined in Section 6601 of the New York State Education Law.

374-4.2 Requirements for the Management of Elemental Mercury and Dental Amalgam Waste at Dental Facilities

(a) Amalgam Separators

(1) All dental facility waters likely to come into contact with dental amalgam waste must be treated prior to discharge by an amalgam separator which is certified to ISO 11143 Standards (Dental equipment - Amalgam separators) as incorporated by reference in subdivision 370.1(e) of this Title. The amalgam separator must achieve a minimum of 99 percent removal efficiency of dental amalgam, by weight, in accordance with ISO 11143 test procedures.

(2) Amalgam separators in service at dental facilities prior to the effective date of this Subpart, must be certified, but only need to achieve a minimum 95 percent removal efficiency of dental amalgam, by weight, in accordance with ISO 11143 test procedures.

(3) For large dental facilities, the amalgam separator must meet or exceed the applicable ISO 11143 Standards set forth in paragraph (1) or (2) above, but is not required to be ISO certified. If such a separator is not ISO certified, then the minimum removal efficiency

certification must be made by a person or firm licensed to practice professional engineering in the State of New York.

(4) All amalgam separators must be properly sized for the volume and flow of the dental facility amalgam wastewater in accordance with the manufacturer's specifications and recommendations. The maximum allowable flow rate through the amalgam separator at the dental facility may not exceed the maximum flow rate capacity that the separator was tested at and passed in meeting the ISO standards.

(5) The amalgam separator must be installed, operated, and maintained in accordance with the manufacturer's specifications and recommendations. Amalgam separators must also be installed in accordance with any applicable state and local building code requirements.

(6) The amalgam separator must be placed in service in accordance with the requirements of this Subpart as follows:

(i) for dental facilities that begin operations after the effective date of this Subpart, the amalgam separator must be placed in service prior to beginning operation; or

(ii) for dental facilities operating on the effective date of this Subpart, the amalgam separator must be placed in service no later than two years after the effective date of this Subpart.

(7) Dental facilities where dental amalgam is not placed or removed, including facilities where the specialties of orthodontics, periodontics, prosthodontics and oral and maxillofacial surgery are exclusively performed, are exempt from the requirements to install an amalgam separator.

(b) Dental Amalgam Waste Storage

(1) All dental amalgam wastes must be collected and stored in air-tight, leak-proof and structurally sound containers.

(2) The containers holding the dental amalgam waste must have a label that includes, at a minimum, the type of the dental amalgam waste contained therein and the date waste was initially placed in the container.

(3) The containers holding the dental amalgam waste must be tightly closed except when adding or removing dental amalgam waste.

(4) Length of storage of dental amalgam waste within the dental facility must not exceed one year from the date waste was initially placed in the container.

(c) Recycling of Dental Amalgam Waste and Elemental Mercury

(1) All dental amalgam waste and elemental mercury generated by the dental facility must be sent for mercury recycling.

(2) Written or electronic certification from the collection service or recycler must be obtained by the dental facility, documenting:

(i) the name and address of the collection service;

(ii) the amount, by weight, of dental amalgam waste and elemental mercury collected and the date it was collected; and

(iii) the name and address of the facility where the dental amalgam waste and elemental mercury will ultimately be recycled, and certification that the mercury contained in the waste was destined for recycling.

(d) Record Keeping & Inspection

(1) Records must be maintained at the dental facility documenting:

(i) the type of amalgam separator(s) installed, manufacturer's model number, unit specifications, date the unit was placed in service and number of chair units serviced by the separator;

(ii) a description of all maintenance performed on the amalgam separator(s) and the date of completion of such maintenance;

(iii) the amount, by weight, of dental amalgam waste sent for recycling of mercury, on an annual basis; and

(iv) copies of the correspondence required by paragraph 374-4.2(c)(2) of this section.

(2) The records required under subparagraph 374-4.2(d)(1)(i) of this subdivision must be maintained as long as the amalgam separator is in use at the dental facility. The records required under subparagraphs 374-4.2(d)(1)(ii through iv) of this subdivision must be maintained for a minimum of three years.

(3) Written notification when an amalgam separator is installed must be provided to the sewage treatment works or sewer authority that the wastewater discharge is tributary to, if applicable. Such notification must be submitted no later than 30 days following the applicable deadline specified under paragraph 374-4.2(a)(6) of this section and must contain the dental facility name; facility location including street address and municipal subdivision, i.e. city, town, or village; telephone number; and the information specified in subparagraph 374-4.2(d)(1)(i) of this subdivision.

(4) The records specified in paragraph 374-4.2(d)(1) of this subdivision, the amalgam separator(s) and any related equipment must be readily available for inspection by the department, or its authorized representative, upon written or verbal request.

(e) Prohibitions

(1) The use or possession of elemental mercury in the practice of dentistry is prohibited in a dental facility unless such elemental mercury is contained in appropriate pre-encapsulated capsules specifically designed for the mixing of dental amalgam.

(2) Elemental mercury must not be rinsed down the drain, disposed with municipal solid waste or disposed as regulated medical waste as defined in Section 1389-aa of Public Health Law and Section 27-1501 of Environmental Conservation Law.

(3) Chair-side traps, screens, vacuum pump filters or other amalgam collection devices containing dental amalgam must not be rinsed over drains or sinks that are not equipped with an amalgam separator as required under subdivision 374-4.2(a) of this section.

(4) Dental amalgam waste must not be managed as a regulated medical waste as defined in Section 1389-aa of Public Health Law and Section 27-1501 of Environmental Conservation Law and must not be disposed of in containers destined for treatment or disposal as regulated medical waste.

(5) Dental amalgam waste and collection equipment must not be disinfected by any method that utilizes heat.

(6) Dental amalgam waste must not be disposed of as municipal solid waste.



Notice Of Dental Amalgam Separator Installation (May 2006)

A. Instructions

Purpose and Use of this Form: State regulation requires that all dental facility waters likely to come into contact with amalgam waste must be treated prior to discharge by an amalgam separator meeting certain specifications. If the discharge is to a sewage treatment works, written notification must be provided to the appropriate sewage treatment works or sewer authority.

This form is intended to provide a consistent format for dentists to satisfy this one-time reporting requirement. Follow-up reporting by dentists is only required when new separators are placed in service. Dentists may complete and submit a copy of this form to satisfy the reporting requirement. Alternatively, dentists may use another format which is consistent with the requirements specified in 6NYCRR 374-4.

If the discharge is not to a sewage treatment works, e.g. if the wastewater is discharged to an on-site septic tank/leachfield, then notification of separator installation is not required by this regulation. Please note that this form is not a permit and that the dental facility owner/operator is responsible for compliance with all other federal, state, and local regulations.

Due Dates: For dental facilities operating on May 12, 2006 - The amalgam separator(s) must be placed in service no later than May 12, 2008 and notification must be submitted no later than June 11, 2008. **For dental facilities that begin operations after May 12, 2006** - The amalgam separator(s) must be placed in service prior to beginning operation and notification must be submitted no later than 30 days following first operation. **Replacement of separators** - If an amalgam separator fails or is otherwise taken out of service then there may be no discharge from the affected portion of the facility until the separator is replaced. Notification for replacement separators must be submitted no later than 30 days following their installation.

Form Submission: All sections must be completed and submitted to the sewage treatment works or sewer authority that the dental wastewater is tributary to. Failure to install acceptable separators or to provide the required notification by the applicable due dates will result in noncompliance with the regulation and possible enforcement action. Please maintain a completed copy of this form with your records. **Please do not submit a copy of this form to NYSDEC unless directed to do so by NYSDEC staff.**

If you are unsure if your discharge is to a sewage treatment works or who to send the notification to, search the telephone book blue pages for the municipality (city/town/village/county) where the dental facility is located under headings such as "Environment", "Public Utilities", "Sanitation", "Sewer", or "Water Pollution Control". Call them and based on your location their staff should be able to assist you.

Additional Information: Please note that there are also other regulatory requirements applicable to dentists including, but not limited to: dental amalgam waste storage; recycling of dental amalgam waste and elemental mercury; record keeping and inspection; and, prohibitions on certain activities. A copy of this form, the dental amalgam regulations, and general information on mercury are available on the NYSDEC website at www.dec.state.ny.us/website/dow/mercury.html.

B. Reason For Submission

Notification for a dental facility operating on May 12, 2006

Notification for a dental facility that began operating after May 12, 2006

Specify date that dental facility operation began _____

Name of applicable sewage treatment works/sewer authority _____



Notice Of Dental Amalgam Separator Installation (May 2006)

C. Dental Facility Identification and Information

Dental Practice or Facility Name _____

Mailing Address _____

City _____ State _____ Zip _____ - _____

Facility Street Address (Not P.O. Box) _____

Municipality (City/Town/Village) _____ County _____

Contact Name _____ Phone _____

Email Address _____

D. Amalgam Separator System Installation - Provide information for each separator:

<u>Date In Service</u>	<u>Manufacturer</u>	<u>Model Name/Number</u>	<u>Rated % Removal</u>	<u>Max Rated Flow (gpm)</u>	<u># of Dental Chairs Served</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total number of separators at this facility _____ Total number of dental chairs at this facility _____

E. Certification

This practice/facility has installed an appropriate amalgam separator(s). Separator design, installation, maintenance, and amalgam recycling is and will continue to be in accordance with applicable regulations. I certify under penalty of law that this document, and any attachments, was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated 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.

Owner/Operator Name (please print or type) _____

Owner/Operator Signature _____

Date _____



SARATOGA COUNTY SEWER DISTRICT #1

Dental Amalgam Waste Questions

Is there an amalgam separator which is certified to IOS 11143 Standards to achieve a minimum of 99% removal efficiency of dental amalgam, by weight?

What is the maximum flow rate through the amalgam separator (the maximum flow rate capacity that the separator was tested at and passed in meeting the ISO standards)?

Do you have records documenting: the type of amalgam separator(s) installed, manufacturer's model number, unit specifications, date the unit was placed in to service and number of chair units serviced by the separator?

Is the amalgam separator operated and maintained in accordance with the manufacturer's specifications and recommendations? What are these O&E specifications?

Do you have records describing all maintenance performed on the amalgam separator(s) and the date of completion of such maintenance?

Dental Amalgam Waste Storage

Is all amalgam waste collected and stored in air-tight, leak-proof and structurally sound containers? Y/N

Does the container holding the dental amalgam waste have a label that includes, at a minimum, the type of dental amalgam waste contained therein and the date waste was initially placed in the container? Y/N

What is the length of storage of dental amalgam waste within the dental facility (date initially placed in container)? {<1 year}

Do you have written or electronic certification from the collection service or recycler documenting:

(i) The name and address of the collection service;

(ii) The amount, by weight, of dental amalgam and elemental mercury collected and the date it was collected: and

(iii) The name and address of the facility where the dental amalgam waste and elemental mercury will ultimately be recycled, and certification that the mercury contained in the waste was destined for recycling.

Is elemental mercury contained appropriate pre-encapsulated capsules specifically designed for the mixing of dental amalgam? Y/N

Is elemental mercury rinsed down the drain, disposed with municipal solid waste or disposed as regulated medical waste? Y/N

Are chair-side traps, screens, vacuum pump filters or other amalgam collection devices containing dental amalgam rinsed over drains or sinks that are not equipped with an amalgam separator? Y/N

Is dental amalgam waste and collection equipment disinfected by any method that utilizes heat? Y/N