



**PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT  
WATER POLLUTION CONTROL DISTRICT**

**APPLICATION FOR NEW OR EXISTING DENTAL FACILITY  
REQUIREMENTS AND CHECKLIST**

All new and existing Dental Facilities that discharge wastewater to the Port Washington Water Pollution Control District's (PWWPCD) collection system are required to complete and submit the attached "Application for New or Existing Dental Facility" to the PWWPCD. In addition to the attached application to the PWWPCD, all existing facilities shall also submit the attached "Notice of Dental Amalgam Separator Installation" to the PWWPCD as required by the New York State Department of Environmental Conservation (NYSDEC). The submission of the "Notice of Dental Amalgam Separator Installation" is a one-time reporting requirement for existing dental facilities. However, the PWWPCD "Application for New or Existing Dental Facility" shall be resubmitted whenever a new amalgam separator installation or modification to an existing amalgam separator installation is proposed. 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 system. However, these facilities are required to submit an "Application for New or Existing Dental Facility System" to the PWWPCD along with certification that dental amalgam is not used at the associated facility.

An amalgam separator installation is required at all dental facilities utilizing dental amalgam. Amalgam separator installations shall meet the following minimum requirements:

- Drain lines from all fixtures which are likely to come in contact with dental amalgam including, but not limited to, dental chair-side water collection units, sinks, etc., shall be connected to an amalgam separator installation.
- All amalgam separators shall be certified to ISO 11143 Standards (Dentistry -Amalgam Separators). All amalgam separators shall achieve a minimum of 99% removal efficiency of dental amalgam, by weight, in accordance with ISO 11143 test procedures.
- Amalgam separators shall be properly sized for the expected maximum volume of flow from upstream fixtures as per the manufacturer's specifications. The maximum allowable flow rate through each amalgam separator shall not exceed the maximum flow rate capacity of the separator.

Furthermore, all amalgam waste shall be collected, stored, and recycled in accordance with NYSDEC requirements. Records must be maintained at the dental facility documenting the following:

- 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 each separator.

- A description of all maintenance performed on the amalgam separator(s) and the date of completion of such maintenance.
- Information on the collection service or recycler used by the dental facility to collect and recycle the dental amalgam waste, including the name, address and contact information for the collection service. In addition, records shall be kept on premises including written or electronic certification on the amount, by weight, of dental amalgam waste sent for recycling, date it was collected, and the name and address of the facility where the dental amalgam will ultimately be recycled, including certification that the mercury in the waste was destined for recycling.

### **Application Check List**

When submitting an “Application for New or Existing Dental Facility” please ensure that all the following is complete:

1. Completely fill out the Applicant Information, site information and licensed plumber information if applicable.
2. Indicate type of any work to be performed (new amalgam separator installation, modification to existing amalgam separator installation, none, etc.).
3. Indicate permit “deposit for cost” type. A “deposit for cost” is required for all new amalgam separator installations or for any modifications to existing amalgam separator installations. If an “Application for New or Existing Dental Facility” is being submitted for permitting purposes only (no new work or modifications to existing facilities is proposed), then a “deposit for cost” is not required.
4. Provide check or money order for “deposit for cost”
5. Provide the following owner(s)/facility information:
  - Name of any and all owners.
  - Name and address of dental facility.
  - Contact telephone number(s).
  - Estimated opening date or date dental facility began operating.
6. Submit complete signed and sealed drawings from an Architect or Engineer, licensed in the State of New York, including the following information: (Note that the following information is required regardless of whether the plumbing system and/or amalgam separator installation is new or existing).
  - Dental Facility seating capacity (number of dental chairs served).
  - Dental Facility hours of operation.

- Proposed building plan showing location of all dental chairs, amalgam separators and any fixtures connected to each amalgam separator (chair side water collection units, sinks, fixtures, etc.).
- Proposed sanitary plumbing riser diagram including all fixtures discharging to the District's sanitary collection system, all amalgam separators, etc.
- Manufacturer's catalog cuts for each amalgam separator and all fixtures connected to each amalgam separator. Provide testing data and ISO 11143 certification for each separator. Catalog cuts of any sinks connected to a separator shall indicate specific physical dimensions of the sink (LxWxD).
- Amalgam Separator Sizing Calculations: Submit sizing calculations signed and sealed from an Architect or Engineer, licensed in the State of New York, substantiating that the rated flow for each amalgam separator is greater than the expected maximum volume of flow from all upstream fixtures.



PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT  
**APPLICATION FOR NEW OR EXISTING DENTAL FACILITY**

**APPLICANT INFORMATION:**

Applicant Name: \_\_\_\_\_  Owner or  Lessee of \_\_\_\_\_  
Company Name/Affiliation (if applicable): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SITE INFORMATION:**

Name of Facility: \_\_\_\_\_  
Site Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Town/Village: \_\_\_\_\_  
Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lots: \_\_\_\_\_

Estimated Opening Date: \_\_\_\_\_  
Estimated Amount of Discharge: \_\_\_\_\_ Gallons per Day Hours of Operation: \_\_\_\_\_

**LICENSED PLUMBER INFORMATION:**

Company Name: \_\_\_\_\_  
Licensed Plumber's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_  
License Number: \_\_\_\_\_ Issuing Number: \_\_\_\_\_

THE APPLICANT AND ANY PERSON OR FIRM EMPLOYED TO PERFORM THE WORK SHALL ABIDE BY ALL PROVISIONS OF THE RULES AND REGULATIONS OF THE PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT, AND MUST HAVE FILED WITH THE DISTRICT A PROPERLY EXECUTED BOND IN THE AMOUNT OF FIFTY THOUSAND DOLLARS (\$50,000.00), NAMING "PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT", AS INSURED.

**TYPE OF WORK TO BE PERFORMED:**

- New Amalgam Separator Installation/Registration  Modification to Existing Amalgam Separator Installation  Renewal  Other

Refer to "Submittal Requirements for Application for New or Existing Dental Facility Requirements and Checklist"

**PERMIT APPLICATION "DEPOSIT-FOR-COST":** "Deposit-for-Cost" is utilized for any District expenses associated with plan review, inspections, regulatory reporting, and administrative tasks. Any funds not utilized will be returned to the applicant following issuance of the permit. Should additional funds be required beyond the initial "Deposit-for-Cost", all work shall cease until required funds are received from the applicant.

\$ 1,750 \_\_\_\_\_

**PAYABLE BY CHECK OR MONEY ORDER TO: PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT**

**FOR DISTRICT USE ONLY**

Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Investigated by: \_\_\_\_\_ Date: \_\_\_\_\_  
Building Permit, from Town or Village of: \_\_\_\_\_ Date: \_\_\_\_\_  
Inspection ID # \_\_\_\_\_ Issued by: \_\_\_\_\_ Date: \_\_\_\_\_  
Work Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_

# PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT – PORT WASHINGTON, NEW YORK

## PERMIT ISSUED UPON ACCEPTANCE OF THIS APPLICATION WILL BE SUBJECT TO THE FOLLOWING CONDITIONS:

1. THE INSTALLER SHALL ABIDE BY ALL PROVISIONS OF THE ORDINANCES, RULES AND REGULATIONS, AND STANDARD SPECIFICATIONS AND DETAILS OF THE PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT.
2. THIS PERMIT SHALL NOT RELIEVE THE PERMITTEE OR INSTALLER FROM OBTAINING ANY ADDITIONAL PERMITS REQUIRED BY LAW, ORDINANCE, OR REGULATION OF NEW YORK STATE, NASSAU COUNTY, TOWN OF NORTH HEMPSTEAD OR INCORPORATED VILLAGE.
3. THE PERMITTEE SHALL MAINTAIN THE BUILDINGS SEWER LATERAL TO THE SEWER MAIN INCLUDING THE CONNECTION TO THE SEWER MAIN.
4. ALL WORK MUST BE PERFORMED IN THE PRESENCE OF A PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT REPRESENTATIVE AND NO WORK SHALL BE COVERED PRIOR TO INSPECTION AND ACCEPTANCE BY THE DISTRICT.
5. THE PERMITTEE SHALL NOTIFY THE PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT IMMEDIATELY IN THE EVENT OF ANY ACCIDENT, CHANGE OF CONDITIONS OR OTHER OCCURRENCE THAT OCCASIONS DISCHARGE TO THE STREET SEWER. FAILURE TO COMPLY WITH THIS CONDITION SHALL VOID THIS PERMIT.
6. APPLICATION MUST BE KEPT ON THE PREMISES, POSTED CONSPICUOUSLY.
7. ALL INSPECTIONS MUST BE REQUESTED IN WRITING AND BE SCHEDULED WITH THE PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT NO LESS THAN FORTY-EIGHT (48) HOURS IN ADVANCE.
8. ALL NEW FACILITIES REQUIRING AN AMALGAM SEPARATOR INSTALLATION OR EXISTING FACILITIES MODIFYING AN EXISTING AMALGAM SEPARATOR INSTALLATION SHALL SUBMIT ALL INFORMATION REQUIRED BY THE ATTACHED "CHECKLIST." NO WORK RELATED TO THE NEW AMALGAM SEPARATOR INSTALLATION SHALL BE CONDUCTED UNTIL THE AMALGAM SEPARATOR SUBMITTAL IS APPROVED. AFTER THE WORK IS COMPLETED AN INSPECTION WILL BE REQUIRED TO VERIFY THE INSTALLATION IS IN ACCORDANCE WITH THE APPROVED SUBMITTAL. ALL INSPECTIONS MUST BE REQUESTED IN WRITING AND BE SCHEDULED WITH THE PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT NO LESS THAN FORTY-EIGHT (48) HOURS IN ADVANCE.

THE OWNER OR LESSEE (PERMITTEE) AND THE LICENSED PLUMBER OR APPROVED CONTRACTOR, (INSTALLER) HAVE READ THE ABOVE CONDITIONS AND ALL OF THE RULES AND REGULATIONS OF THE PORT WASHINGTON POLLUTION CONTROL DISTRICT COMPLETELY AND THOROUGHLY. THESE CONDITIONS WILL GOVERN THE INSTALLATION AND OPERATIONS OF THE SANITARY SEWER BY THE PERMITTEE AND APPEAR ON THE FACE OF THE PERMIT WHEN ISSUED. THE PERMITTEE AND LICENSED PLUMBER OR APPROVED CONTRACTOR WILL BE HELD LEGALLY RESPONSIBLE FOR THE ADHERENCE TO ALL OF THESE CONDITIONS, AND ALL ORDINANCES, RULES, AND REGULATIONS OF THE PORT WASHINGTON WATER POLLUTION CONTROL DISTRICT.

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### OWNER

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (If Not Individual Owner, Give Title) \_\_\_\_\_

Address of Owner or Lessee \_\_\_\_\_ City of Owner or Lessee \_\_\_\_\_ State of Owner or Lessee \_\_\_\_\_ Zip Code of Owner or Lessee \_\_\_\_\_ Telephone No. \_\_\_\_\_

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### PLUMBER OF CONTRACTOR

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Licensed Plumber

Address of Owner or Lessee \_\_\_\_\_ City of Owner or Lessee \_\_\_\_\_ State of Owner or Lessee \_\_\_\_\_ Zip Code of Owner or Lessee \_\_\_\_\_ Telephone No. \_\_\_\_\_

# NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

## Division of Water

625 Broadway, Albany, New York 12233-3500

P: (518) 402-8233 | F: (518) 402-9029

[www.dec.ny.gov](http://www.dec.ny.gov)

## Amalgam Waste Compliance Report for Dental Dischargers (Feb 2018)

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### A. Instructions

**Purpose and Use of this Form:** State regulation in 6 NYCRR § 374-4 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. Additionally, Federal requirements in 40 CFR § 441.30(b) related to implementation of Best Management Practices became effective **June 14, 2017**. If the discharge is to a sewage treatment works, written notification must be provided to the appropriate sewage treatment works or sewer authority. You will need to submit this form to comply with Federal requirements even if you previously submitted a Notice of Dental Amalgam Separator Installation (May 2006).

Completion of this form is not required if the discharge is not to a sewage treatment works, e.g. if the wastewater is discharged to an on-site septic tank/leachfield.

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.

**Effective Dates:** As of May 12, 2008, all dental facilities subject to 6 NYCRR § 374-4 must operate amalgam separators with a minimum 99% removal efficiency. The amalgam separator(s) must be placed in service prior to beginning operation.

For existing dental facilities, you must submit this form to your sewage treatment works or sewer authority no later than **October 12, 2020**.

If you are an existing dental facility that has had a Transfer of Ownership, you must submit this form within **90 days** of the transfer.

For new dental facilities, this form must be submitted no later than **30 days** following the introduction of wastewater into a sewage treatment works.

*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 to which the dental wastewater is tributary. 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. You are required by 40 CFR § 441 to 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 to whom to send this form, search for the municipality (city/town/village/county) where the dental facility is located. Contact 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.ny.gov/chemical/24027.html](http://www.dec.ny.gov/chemical/24027.html).



Department of  
Environmental  
Conservation

**B. Reason for Submission**

<input type="checkbox"/>	Notification for a dental facility operating on July 14, 2017
<input type="checkbox"/>	Notification for a dental facility that began operating after July 14, 2017
<input type="checkbox"/>	Transfer of Ownership

Specify date that dental facility operation/transfer began \_\_\_\_\_

Name of applicable sewage treatment works/sewer authority \_\_\_\_\_

**C. Dental Facility Identification and Information**

Name of Facility			
Physical Address of Dental Facility			
City:		State:	Zip:
Mailing Address			
City:		State:	Zip:
Facility Contact			
Phone:		Email:	
Names of Owner(s):			
Names of Operator(s) if different from Owner(s):			

**D. Description of Facility**

Total number of chairs:		
Total number of chairs at which amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed):		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	The facility discharged amalgam process wastewater prior to July 14th, 2017 under any ownership.

E. Description of Amalgam Separator—Provide information for each separator:

Date In Service	Manufacturer	Model Name/ Number	Rated Percent Removal	Number of Dental Chairs Served

Total number of separators at this facility: \_\_\_\_\_

F. Best Management Practices (BMP) Certifications

<input type="checkbox"/>	<p>The above named dental discharger is implementing the following BMPs as required by 6 NYCRR § 374-4, 40 CFR § 441.30(b), and/or 40 CFR § 441.40 and will continue to do so.</p> <ul style="list-style-type: none"> <li>• 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 sewage treatment works.</li> <li>• Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater 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 (i.e. cleaners that may increase the dissolution of mercury).</li> </ul>
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G. Certification

**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, 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:	
Authorized Representative Signature		Date	

H. Retention Period

As long as a Dental facility subject to this part is in operation, or until ownership is transferred, the Dental facility or an agent or representative of the dental facility must maintain this **Amalgam Waste Compliance Report for Dental Dischargers** and make it available for inspection in either physical or electronic form.