



EI DORADO IRRIGATION DISTRICT
2890 Mosquito Road
Placerville, CA 95667

APPLICATION CHECKLIST FOR WASTEWATER DISCHARGE PERMIT

This checklist must be submitted with all Dental Wastewater Discharge Permit Applications. Failure to submit a complete application may result in your application being returned for correction of deficiencies, which may delay permit issuance.

Does your facility discharge to El Dorado Irrigation's (EID) sanitary sewer system?

- My business **is not** connected to EID sanitary sewer. All waste is treated by a private sewage disposal (septic) system. You are exempt from discharge permitting. Please sign this form and return to EID.
- My business **is** connected to EID's sanitary sewer. You may or may not be exempt from discharge permitting. Please continue completing, signing, and return this form along with the Permit Application for review.

REASON FOR SUBMITTAL (Please check appropriate box)

- RENEWAL PERMIT APPLICATION - Facility has an existing Wastewater Discharge Permit and has been notified by EID the permit is due for renewal.
- NEW BUSINESS PERMIT APPLICATION - New construction*
- NEW BUSINESS PERMIT APPLICATION - New business taking over existing building—**Includes remodel with or without business name/ ownership change***
- NEW OWNER PERMIT APPLICATION - New owner taking over existing dental office—**Business name/ ownership change only with no remodel**

TYPE OF DISCHARGER (Please check appropriate box)

- You store, utilize, or generate chemicals, hazardous waste, or other products with the ability to harm the Wastewater Treatment Plant (WWTP) or sewer collection system which **may have potential to accidentally discharge to the sewer as a byproduct of conducting your business**. Examples include, but are not limited to, wet X-Ray chemicals, amalgam (new and legacy), and chemical sterilants
- You **do not** store, utilize, or generate chemicals, hazardous waste, or other products with the ability to harm the WWTP or collection system.

ADDITIONAL REQUIRED DOCUMENTATION (If applicable)

* Unless specifically instructed, a plot/plumbing plan is **only required for New Business Permit Applications.**

- PLOT/PLUMBING PLAN

CURRENT PERMIT CLASSIFICATION FEE

** Non-Significant Industrial User – General= \$ 38.40 per bi-monthly water/sewer bill

**** Do not submit any form of payment with the application packet. Upon issuance of a Wastewater Discharge Permit, the District will assess a bimonthly fee on the Customer of Record’s water/sewer bill in accordance with the District’s Fee Schedule (AR 11010-Attachment A). Fees are subject to change.**

Name of Business (Print)

Applicant Signature

Date

Applicant Name (Print)

Submit the required documents, application and this checklist by mail or email.

El Dorado Irrigation District ipp@eid.org
Attn: IPP Department
2890 Mosquito Road
Placerville, CA 95667



EI DORADO IRRIGATION DISTRICT
APPLICATION FOR WASTEWATER DISCHARGE PERMIT
(DENTAL FACILITY)

Name of Facility			
Facility Address			
Name of Owner		Phone	
Name of Manager		Phone	
Mailing Address			

EID Account Number: From water/sewer bill.
 May be obtained from property owner/manager if they pay the water/sewer bill.

Property Owner/Manager Name and Phone

Type of Practice (check all that apply)

<input type="checkbox"/>	General Dentistry	<input type="checkbox"/>	Pediatric	<input type="checkbox"/>	Orthodontics	<input type="checkbox"/>	Periodontics	<input type="checkbox"/>	Oral and maxillofacial surgery
<input type="checkbox"/>	Radiology	<input type="checkbox"/>	Endodontics	<input type="checkbox"/>	Prosthodontics	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Oral pathology or oral medicine

Does this facility discharge to EID’s sanitary sewer? No Yes

Is there more than one dental practice at this facility?
 No Yes (If yes, list practices):

Date which this practice began discharging wastewater to EID sewer (date of first operation) under the above name and at the above location: _____

Dental Amalgam One-Time Compliance Report

My practice has submitted the Dental Amalgam One-Time Compliance Report to EID’s Industrial Pretreatment and Pollution Prevention (IPP) Program as required by *CFR, Title 40, Part 441* No Yes

If no; Select one of the following options to determine your practices compliance date:

- My practice was under current ownership before July 14th 2017. I understand my practice must submit the One-Time Compliance Report to EID’s IPP Program no later than October 12th 2020.
- My practice experienced a transfer of ownership after July 14th 2017. I understand my practice must submit the One-Time Compliance Report to EID’s IPP Program within 90 days of commencement of discharge.
- My practice newly connected to EID’s sewer system after July 14th 2017. I understand my practice must submit the One-Time Compliance Report to EID’s IPP Program within 90 days of commencement of discharge.

The One-Time Compliance Report may be found on EID’s website:
www.eid.org/DentalAmalgam

Amalgam Use

1. How many amalgam fillings does your dental practice remove in an average week? _____
2. Do you place **any** mercury amalgam? No Yes
If yes;
 - a. Are amalgams pre-capsulated? No Yes
 - b. How many cavities do you fill with amalgam in an average week? _____
3. How is scrap/waste amalgam, either from removal or placement, disposed of?

<input type="checkbox"/> Recycled Off-Site	<input type="checkbox"/> Hazardous waste disposal	<input type="checkbox"/> Put in infectious waste (biohazard) bag
<input type="checkbox"/> Put in Trash	<input type="checkbox"/> Washed down sink	<input type="checkbox"/> Other (specify): _____

Wastewater Treatment and Waste Management

1. How many dental chairs (both restorative and hygiene) are in your practice? _____
 - a. Of these chairs, how many are used to place or remove dental amalgam? _____
2. How frequently are chair side traps cleaned/replaced? _____
3. How is the waste collected in your chair side traps managed?
 Recycled Off-Site Hazardous waste disposal Put in infectious waste (biohazard) bag
 Put in Trash Washed down sink Other (specify): _____
4. Does your practice use a chair side vacuum pump system? No Yes (If yes, circle (wet, dry, other))
 - a. Are vacuum filters or some type of secondary filter used? No Yes
 - b. How frequently are vacuum traps/ secondary filters cleaned _____
 - c. What type of cleaner is used to clean the vacuum lines? _____
 - d. How is the waste collected in your vacuum traps/secondary filters managed?
 Recycled Off-Site Hazardous waste disposal Put in infectious waste (biohazard) bag
 Put in Trash Washed down sink Other (specify): _____
 - e. If waste amalgams, chairside traps, and/or vacuum filters are disposed through a licensed recycler contractor, mail-in service, or a licensed hazardous waste, please included the following information:

Name: _____

Address: _____

City, State, Zip: _____

Phone No.: _____

Amalgam Capture Device

1. Does the practice operate and maintain an amalgam separator or equivalent amalgam capture device? No Yes
If Yes, complete (a) and (b) below. If No, complete (c) on the next page

(a) If "YES" selected for question # 1:

Does the existing amalgam separator or equivalent amalgam capture device meet the standards of the *Code of Federal Regulations (CFR), Title 40, Part 441* (ANSI/AD Specification for Amalgam Separators (2011) or the ISO 11143 Standard (2008))? No* Yes - If unsure, contact the amalgam separator or equivalent device manufacturer

* If the existing non-compliant amalgam separator was in use prior to **June 14, 2017** the practice may temporarily continue to use it until **June 14, 2027** if it is functioning properly and does not need to be replaced. Your practice must install an amalgam separator or equivalent device that meets the standards of the rule (ANSI/ADA Specification for Amalgam Separators (2011) or the ISO 11143 Standard (2008)) if the existing device fails and must be replaced or no later than **June 14, 2027**.

(b) If "YES" selected for question # 1:

- a. List the make and model of the amalgam separator installed _____
- b. How does your practice maintain the installed amalgam separator?
 Third party vendor or In house maintenance per manufacturer instructions

If using a vendor, please provide the following information of vendor:

Name: _____

Address: _____

City, State, Zip: _____

Phone No.: _____

(c) If "NO" selected for question # 1:

My practice is exempt from *CFR, Title 40, Part 441* and is not required to operate and maintain an amalgam separator or equivalent amalgam capture device.

OR;

I understand my practice, if not exempt from *CFR, Title 40, Part 441*, is required to install and operate an approved amalgam separator or equivalent amalgam capture device that meets the standards of the *Code of Federal Regulations (CFR,) Title 40, Part 441* (ANSI/AD Specification for Amalgam Separators (2011) or the ISO 11143 Standard (2008)) **immediately** for a practice which began discharge or had a transfer of ownership **after July 14th 2017**.

Image Processing Information

1. Does your practice utilize **digital imagery technology** for x-rays? No Yes (If "yes", proceed to the Sterilization Use section below)
2. Does your practice utilize wet chemistry X-Ray technology onsite to develop X-Rays? No Yes (If "no", proceed to the Sterilization Use section)
3. How much x-ray fixer (in gallons) does your practice dispose of per month? _____

• How is it disposed?

- Recycled Off-Site Hazardous waste disposal Put in infectious waste (biohazard) bag
 Put in Trash Other (specify): _____ Washed down sink **after** silver recovery
 Washed down sink **without** silver recovery

4. Is silver recovery/pretreatment practiced on-site? No Yes (If yes, what method is used?)
 Metallic (Silver recovery canister) Ion exchange Electrolytic Other (describe): _____

If silver recovery is used, describe maintenance procedures and frequency:

5. If fixer is taken off-site for recycling or disposal, please provide the following information of vendor:

Name: _____

Address: _____

City, State, Zip: _____

Phone No.: _____

Sterilization Use

1. Does your practice use any of the following sterilization methods? No Yes (If yes, check all that apply):
 Steam/autoclave Dishwasher/ Ultrasonic Dry/heat oven
 Chemical Sterilant (chemical solutions)*

* If using a chemical sterilant, does it contain glutaraldehyde or ortho-phthaldehyde (OPA)? Check with vendor or Material Safety Data Sheet (MSDS). No Yes

* If using a chemical sterilant, how is it disposed?

- Recycled Off-Site Hazardous waste disposal Put in infectious waste (biohazard) bag
 Put in Trash Other (specify): _____ Washed down sink **after** neutralizing with glycine
 Washed down sink **without** neutralizing with glycine

Material Handling

Are raw or waste liquids stored adjacent to floor drains or areas which might flow into the sanitary sewer?

No Yes (If yes, Describe material and location):

When a raw or waste liquid spill occurs at your facility, how is the material cleaned up? Where is the resulting waste disposed?

Describe how employees are trained in the proper disposal of photographic waste and amalgam wastes and the clean-up and handling of spilled raw or waste materials?

Your facility EPA generator number (If applicable):

I solemnly affirm under the penalties of perjury, and to the best of my knowledge, information and belief, that the contents of this application are true, accurate and complete.

Owner/Authorized Representative (**print**):

Title:

Signature:

Date:

If you have any questions while completing this form, please call El Dorado Irrigation District's (EID or District) Environmental Division at 530-295-6876.

AR 6021 Industrial Pretreatment Program

Approved: December 12, 2006
Revised: February 25, 2009
Revised: October 7, 2016
Revised: January 16, 2019

In accordance with BP 6010, the District has established and maintains an Industrial Pretreatment Program that complies with applicable state and federal wastewater discharge requirements and regulations.

A copy of the Industrial Pretreatment and Pollution Prevention Program is available upon request from the Environmental Division.