



**Warwick Sewer Authority (WSA) – Industrial Pretreatment Program (IPP)**  
**Dental Facility**  
**Application for Wastewater Discharge Permit**

On January 8<sup>th</sup>, 1984, a Resolution was adopted by the City of Warwick providing the Warwick Sewer Authority's (WSA) Industrial Pretreatment Program (IPP) with the authority to require that our City's commercial and industrial facilities complete a Wastewater Discharge Permit Application. This application provided for your completion contains a series of questions developed to obtain critical information for characterizing your dental facility's wastestream profile and potential to impact our collection system and/or treatment plant. This application must be filled out as completely and accurately as possible. Once our characterization is complete our IPP issues your facility a site-specific, non-transferable Wastewater Discharge Permit.

Please know, effective July 14<sup>th</sup>, 2017, the U.S. EPA promulgated pretreatment standards to reduce discharges of mercury from dental offices into publicly owned treatment works (POTWs). The **Dental Office Category** regulation is codified at 40 CFR Part 441. As per the EPA's dental rule and existing WSA requirements, dental offices that place or remove amalgam must operate and maintain an amalgam separator and must not discharge scrap amalgam or use certain kinds of line cleaners. More information can be found on the Federal Register. As part of the **Dental Office Category** regulation, existing and new sources must submit a one-time compliance report to their pretreatment **Control Authority**. Proper completion and submittal of this application form will satisfy the one-time compliance report requirement.

Please know that timely receipt of the forms and application fee is required in order for the WSA to sign off on the Certificate of Occupancy for your facility. Late submittal will delay our sign off and perhaps the grand opening of your business. Delinquent submittal will result in enforcement action including but not limited to violation notices and fines (\$50.00/day the form remains delinquent).

When the application has been completed, please retain a **COPY for your records** and **mail the ORIGINAL** document, complete with signatures and attachments (where required) along with your application fee (see page 10, check made payable to the *Warwick Sewer Authority*) to:

**Edward Mathias, Pretreatment Coordinator**  
**Warwick Sewer Authority**  
**125 Arthur W. Devine Boulevard, Suite B**  
**Warwick, RI 02886**

**Retention Period; per [§ 441.50\(a\)\(5\)](#) 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 a copy of this One Time Compliance Report and make it available for inspection in either physical or electronic form.**

**Section 1 – General Facility Information**

Name of Company or Corporation:	
“Doing Business As” (DBA) if different from Company/Corp. Name:	
Local Business Address:	
Local Business Phone Number:	

Please check appropriate box to indicate where the Wastewater Discharge Permit should be mailed.

<input type="checkbox"/> Local Address (Section 1)	<input type="checkbox"/> Corporate Address (Section 2A, 2B or 2C)
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**Section 2 – Company Organization**

Please check the appropriate box and only complete the Section chosen.

<input type="checkbox"/> Sole Proprietorship/ Partnership (Complete Section 2A)	<input type="checkbox"/> LLC (Complete Section 2B)	<input type="checkbox"/> Corporation (Complete Section 2C)
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Please include a copy of your company’s RI Business Registration or recent Annual Report with your application submittal if your business is an LLC or a Corporation:

<http://business.sos.ri.gov/CorpWeb/CorpSearch/CorpSearch.aspx>

**Section 2A – Organization: Sole-Proprietorship or Partnership - Authorized Agent**

If the Company is a **Sole-Proprietorship or Partnership** an authorized agent shall mean a **general partner or the proprietor**. The City of Warwick, Warwick Sewer Authority will accept the person named below as the company’s Authorized Agent until notified otherwise. It is the responsibility of the applicant to notify the Warwick Sewer Authority immediately upon any change in the designated Authorized Agent. **Please attach additional sheets if necessary.**

Company Owner’s Name:	
Company Owner’s Title:	
Mailing Address:	
Work Phone Number:	
Fax Number:	
Email Address:	
Cell Phone Number:	
Owner’s Signature & Date:	

**Section 2B – Organization: LLC - Authorized Agent**

If the Company is an **LLC** an authorized agent shall mean a **member or manager of the LLC**. The City of Warwick, Warwick Sewer Authority will accept the person named below as the company’s Authorized Agent until notified otherwise. It is the responsibility of the applicant to notify the Warwick Sewer Authority immediately upon any change in the designated Authorized Agent. **Please attach additional sheets if necessary.**

<b>LLC Business Name:</b>	
<b>LLC Representative’s Name:</b>	
<b>LLC Representative’s Title:</b>	
<b>Mailing Address:</b>	
<b>Work Phone Number:</b>	
<b>Fax Number:</b>	
<b>Email Address:</b>	
<b>Cell Phone Number:</b>	
<b>Representative’s Signature &amp; Date:</b>	

**Section 2C – Organization: Corporation - Authorized Agent**

If the Company is a **Corporation**, authorized representative shall mean the **president, vice-president, secretary or treasurer of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation**. The City of Warwick, Warwick Sewer Authority will accept the person named below as the company’s Authorized Agent until notified otherwise. It is the responsibility of the applicant to notify the Warwick Sewer Authority immediately upon any change in the designated Authorized Agent. **Please attach additional sheets if necessary.**

<b>Corporate Business Name:</b>	
<b>Corporate Representative’s Name:</b>	
<b>Corporate Representative’s Title:</b>	
<b>Mailing Address:</b>	
<b>Work Phone Number:</b>	
<b>Fax Number:</b>	
<b>Email Address:</b>	
<b>Cell Phone Number:</b>	
<b>Representative’s Signature &amp; Date:</b>	

**Section 2D – Additional Authorized Agent(s) of the Company or Corporation**

The individual identified in **Section 2A, 2B or 2C** may designate other authorized representative(s) by completing the enclosed **Designation of Authorized Agent Form** located at the end of this permit application form. For example, local facility manager(s) of one or more operating facilities may be appointed provided they are authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

**Section 3 – Accounting and Billing Office Information**

Pretreatment invoices, where applicable, *will be mailed to the local facility address unless otherwise specified*. If an alternate corporate billing office or contracted utility billing management company is desired, please complete the information below.

<b>Billing Company Name (if different):</b>	
<b>Billing Mailing Address:</b>	
<b>Billing Representative’s Name:</b>	
<b>Work Phone Number:</b>	
<b>FAX Number:</b>	
<b>Email Address:</b>	

**Section 4 – Dental Professionals**

<b>How many dentists are currently practicing at this facility:</b>		
<b>Dentist’s Name</b>	<b>Dental Specialty*</b>	<b>License Number</b>

\*i.e., general dentistry, periodontics, etc.

**Section 5 – Dental Amalgam Rule (40 CFR Part 441) Application – check one only**

<input type="checkbox"/>	This facility is a dental discharger subject to this rule ( <a href="#">40 CFR Part 441</a> ) and it places or removes dental amalgam. <i>Complete all Sections</i>
<input type="checkbox"/>	This facility is a dental discharger subject to this rule ( <a href="#">40 CFR Part 441</a> ) and (1) it does not place dental amalgam, and (2) it does not remove amalgam <b>except in limited emergency or unplanned, unanticipated circumstances</b> . <i>Skip Sections 6-8</i>
<input type="checkbox"/>	This facility <b>is not</b> a dental discharger subject to this rule ( <a href="#">40 CFR Part 441</a> ). It does not place dental amalgam, nor does it remove amalgam <b>at any time</b> . <i>Skip Sections 6-8</i>

**Section 6 – Description of Facility and Amalgam Separator (or Equivalent Device)**

Please check all that apply

<b>Total number of chairs at facility:</b>			
<b>Total number of chairs where amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed):</b>			
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	The facility discharged amalgam process wastewater prior to July 14th, 2017 under any ownership.	
<input type="checkbox"/>	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.	<b>Chairs:</b>	
<input type="checkbox"/>	The dental facility installed prior to June 14, 2017 one or more existing amalgam separators that <b>do not</b> meet the requirements of § 441.30(a)(1)(i) and (ii) at the following number of chairs at which amalgam placement or removal may occur.	<b>Chairs:</b>	
<b>Make/Manufacturer of Amalgam Separator(s)</b>	<b>Model(s)</b>	<b>Year(s) of Installation</b>	
<input type="checkbox"/>	My facility operates an equivalent device(s).		
<b>Make/Manufacturer of Equivalent Device(s)</b>	<b>Model(s)</b>	<b>Year(s) of Installation</b>	<b>*Average Removal Efficiency of Equivalent</b>

\*as determined per § 441.30(a)(2)(i-iii)

**Section 7 – Separator System Maintenance and Mercury Recycling– check all that apply**

<input type="checkbox"/> YES	I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in <a href="#">§ 441.30</a> or <a href="#">§ 441.40</a> .
<input type="checkbox"/> YES	I certify that visual inspections of the amalgam separator (or equivalent device) will be performed as per manufacturer’s specifications and requirements and visual inspection logs and other maintenance records are maintained on-site at the facility. Frequency of Visual Inspections:  Storage Location for Records:

<b>Operation and Maintenance Personnel</b>	
<input type="checkbox"/> YES	A contracted service provider conducts <b>all activities</b> required to ensure proper operation and maintenance of the amalgam separator (or equivalent device) in accordance with <a href="#">§ 441.30</a> or <a href="#">§ 441.40</a> .
<b>Name of Provider:</b>	
<b>Address:</b>	
<b>Contact &amp; Phone Number:</b>	
<b>Describe maintenance practices as specified in contract and frequency of activities (attach copy of service contract):</b>	
<input type="checkbox"/> NO	If none, employees of the practice conduct <b>all activities</b> required to ensure proper operation and maintenance of the amalgam separator (or equivalent device) in accordance with <a href="#">§ 441.30</a> or <a href="#">§ 441.40</a> .
<b>Describe maintenance practices employed by facility and frequency of activities (attach copy of protocol if applicable):</b>	

<b>Amalgam Waste Transport and Recycling Companies</b>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is mercury waste or mercury containing waste stored on-site?
<b>Manager/Transporter Company</b>		
<b>Address:</b>		
<b>Contact &amp; Phone Number:</b>		
<b>Receiving/Recycling Company</b>		
<b>Address:</b>		
<b>Contact &amp; Phone Number:</b>		

**Section 8 – Best Management Practices (BMP) Certifications– check all that apply**

<input type="checkbox"/> <b>YES</b>	The above named dental discharger is implementing the following BMPs as specified in <a href="#">§ 441.30(b)</a> or <a href="#">§ 441.40</a> and will continue to do so.
<b>BMPs</b>	<p>I certify that 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 (e.g., municipal sewage system).</p> <p>I certify that dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a publicly owned treatment works (e.g., municipal sewage 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 (i.e. cleaners that may increase the dissolution of mercury).</p>

**Section 9 – Other Miscellaneous Dental Operations – check all that apply**

<input type="checkbox"/>	Imaging – Wet Process, X-Ray (if applicable please provide a copy of the most recent manifest for associated wastes)
<input type="checkbox"/>	X-Ray Bite Wings - stored in lead foil containers (if applicable please provide a copy of the most recent manifest for associated wastes)
<input type="checkbox"/>	Imaging – Digital, Year of Installation:
<input type="checkbox"/>	Casting and Mold Making for Prosthetic Teeth

**Section 10 – Water Usage and Discharge Information**

In the table provided, please complete the information requested regarding the wastewater generated by your facility. Start by reviewing your facility’s operations and identifying all locations where water is used. All businesses will have **sanitary wastewater** discharge from toilets and sinks. To estimate your sanitary waste, simply multiply the number of employees by 15 gallons *per day per shift*. Wastewaters associated with dental use (chair, sink rinses for patients, etc.) would be classified as **process wastewaters**. Some water purchased by your facility will not be discharged to the sewer (i.e., landscaping). The types and amounts of water used in these operations should also be included in the table below.

Source	Description	Volume (gallons/day)	Discharged to Sewer (Yes or No)
<b>Restrooms: Toilets &amp; Sinks</b>	<b>Sanitary Wastewater</b>		
<b>Process Wastewater #1 (Facility wastewater that flows to Amalgam Separator)</b>			
<b>Process Wastewater #2 (Facility wastewater that does not flow to separator)</b>			
<b>Landscaping</b>			
<b>Other Source:</b>			

## Section 11 – Floor Plan

Please provide a floor plan of your facility including plumbing and drains **if** not already provided directly to the WSA or with a building/plumbing permit. If you do not have a floor plan available, please submit (separate piece of paper) a sketch of your facility indicating where plumbing and drains are located.

Please make sure that your plan or sketch identifies the following if applicable:

- The location(s) of all plumbing and drains; please identify floor drains as “active” or “inactive”.
- The location(s) where wastewater exits the building; the facility may have more than one exiting line.
- The location(s) of your facility’s pretreatment system and/or equipment, i.e., amalgam separator, wet process X-Ray equipment, other treatment.
- Chemical and waste storage location(s).
- Records storage location(s).

## Section 12 – Pretreatment

Please check off all pretreatment applications presently used on-site at your facility.

<input type="checkbox"/> Solids Removal (Plaster Trap)	<input type="checkbox"/> Amalgam Separator or Equivalent Device
<input type="checkbox"/> Silver Recovery Unit (Wet Processing)	<input type="checkbox"/> Wastes Collected and Manifested Off-Site
<input type="checkbox"/> No Pretreatment Required	

## Section 13 – Chemical Use and Wastes

The chemicals and materials that are used in your daily operations such as line cleaners, as well as the wastes generated by your operations, are of great importance to the WSA. Some chemicals and wastes are strictly prohibited from directly entering the sewer system and must be manifested off-site for proper disposal. Other chemicals and wastes may be discharged to the sewer collection system, but only when discharged at or below discharge limits (concentrations) specified by the WSA. The permit issued to your company following completion and submittal of this application form will clearly identify those pollutants and concentrations that are acceptable to discharge down the drain. In the table provided below, please list all chemicals used and wastes generated in your daily operations and the method of disposal for the material. For example, your facility may be required to manifest the chemical/waste for off-site disposal or possibly the material may be consumed in your facility’s daily operations. Please provide an attachment if you require more space than provided. MSDS and/or SDS may be requested by the WSA.

Chemical/Material Name	Disposal Method (Sewer, Manifest, Consumed)



**Section 14 – Property Ownership Information**

“I certify under penalty of law that I am the property owner or an agent for the property owner of the property identified in Section 1 of this permit application form. I am aware of the operations conducted by the business located at this property. I understand that the Warwick Sewer Authority’s Pretreatment Program must issue a wastewater discharge permit to the business located at this property due to the nature of their operations and/or wastes generated by their operations. I acknowledge that Pretreatment Fees associated with the wastewater discharge permit are the responsibility of the permittee, i.e., the owner/operator of the business and that Sewer/Water utility charges are billed separately to me, the property owner. I am aware that unpaid/delinquent Pretreatment Fees will be associated with the property’s payment history in the City of Warwick’s utility billing software. Therefore, in order to ensure prompt payment of Pretreatment Fees owed by my tenants, I may request that a copy of my tenant’s Pretreatment bill be mailed to me at the address below, when these quarterly bills are generated and delivered to my tenant for payment.”

**Tenant Company Owns Property**                       **Tenant Company Rents/Leases Property**

<b>Property Address:</b>	
<b>Name of Property Owner:</b>	
<b>Property Owner Mailing Address:</b>	
<b>Property Owner Representative Name/Title:</b>	
<b>Phone Number:</b>	
<b>FAX Number:</b>	
<b>Email Address:</b>	
<b>Signature of Property Owner &amp; Date:</b>	

Would you like a copy of your tenant’s Pretreatment Bills mailed to your attention at the property address identified above?     **Yes**     **No**

**Important Note:** This application **will not be accepted** without the **original signature** of the property owner. This page has been made separate from the application form in the event that the property owner is not located on site, and the page must be mailed for signature. If the applicant **owns the property**, the applicant/property owner **must still complete this section.**

**Section 15 – Application Certification**

Only Authorized Agents identified in Sections **2A, 2B, 2C or 2D** (completed **Designation of Authorized Agent Form** found on pages 13-14) may sign this official document.

“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 § 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. I certify that this facility is implementing the Best Management Practices (BMPs) as specified in § 441.30 or § 441.40 and will continue to do so. 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.”

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**Printed Name of Authorized Agent**

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**Title of Authorized Agent**

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**Signature of Authorized Agent**

**Date**

**Section 16 – Due Date and Application Fee**

<b>Application Due Date:</b>	<b>30 Days Upon Receipt</b>
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<b>Application Fee:</b>	<b><u>\$ 200.00</u> check or money order made payable to the Warwick Sewer Authority</b>
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**Section 17 - Pretreatment Personnel Contact Information**

Contact Name & Title	Phone Number	Email Address
Maureen Mascoli, O&M Clerk	401-921-9779	<a href="mailto:maureen.mascoli@warwickri.gov">maureen.mascoli@warwickri.gov</a>
James Kyle Dorsey, Pretreatment Inspector	401-468-4723	<a href="mailto:james.k.dorsey@warwickri.gov">james.k.dorsey@warwickri.gov</a>
Daniel Ogilvie, Pretreatment Inspector	401-468-4726	<a href="mailto:daniel.b.ogilvie@warwickri.gov">daniel.b.ogilvie@warwickri.gov</a>
Edward Mathias, Pretreatment Coordinator	401-468-4725	<a href="mailto:edward.f.mathias@warwickri.gov">edward.f.mathias@warwickri.gov</a>

**INDUSTRIAL PRETREATMENT PROGRAM  
DESIGNATION OF AUTHORIZED AGENT FORM**

**Section A: Registered Officer/Director**

<b>Company Name and Permit #:</b>	
<b>Local Facility Address:</b>	
<b>Registered Officer/Director:</b>	
<b>Title:</b>	
<b>Mailing Address:</b>	
<b>Work Phone Number:</b>	
<b>Email Address:</b>	
<b>*Cell Phone Number:</b>	
<b>**Signature and Date:</b>	
<b>**By signing this document the Registered Officer certifies under penalty of law the agents listed in Section B can act as Authorized Agents for the company.</b>	

**Section B: Authorized Agents As Designated by Registered Officer/Director**

<b>Name:</b>	
<b>Title:</b>	
<b>Work Phone Number:</b>	
<b>Fax Number:</b>	
<b>Email Address:</b>	
<b>*Cell Phone Number:</b>	
<b>Signature &amp; Date:</b>	

<b>Name:</b>	
<b>Title:</b>	
<b>Work Phone Number:</b>	
<b>Fax Number:</b>	
<b>Email Address:</b>	
<b>*Cell Phone Number:</b>	
<b>Signature &amp; Date:</b>	

\*CELL PHONE NUMBER REQUIRED TO CONTACT INDIVIDUAL IN CASE OF EMERGENCY (I.E., SPILL, PROCESS UPSET, FIRE, ETC)

<b>Name:</b>	
<b>Title:</b>	
<b>Work Phone Number:</b>	
<b>Fax Number:</b>	
<b>Email Address:</b>	
<b>*Cell Phone Number:</b>	
<b>Signature &amp; Date:</b>	

<b>Name:</b>	
<b>Title:</b>	
<b>Work Phone Number:</b>	
<b>Fax Number:</b>	
<b>Email Address:</b>	
<b>*Cell Phone Number:</b>	
<b>Signature &amp; Date:</b>	

<b>Name:</b>	
<b>Title:</b>	
<b>Work Phone Number:</b>	
<b>Fax Number:</b>	
<b>Email Address:</b>	
<b>*Cell Phone Number:</b>	
<b>Signature &amp; Date:</b>	

<b>Name:</b>	
<b>Title:</b>	
<b>Work Phone Number:</b>	
<b>Fax Number:</b>	
<b>Email Address:</b>	
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<b>Signature &amp; Date:</b>	

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