



CUSTOMER SERVICE

COMMERCIAL BUSINESS LICENSE

Before submitting a business license application to Provo City, please review the business requirements. We cannot accept applications until all State, local, and Federal requirements have been met. Please include verification of these requirements when submitting your application to Provo City. If you will be operating your business from more than one location you will need a separate application and license for each location. Businesses that work with firearms (cleaning, repairing, constructing, etc.) commercial or home based, must obtain Federal approval from ATF prior to applying for a license. If your business will be located in a commercial zone, it is advisable that you contact the Community and Neighborhood Services Department at 801-852-6420 for specific zoning requirements and restrictions prior to signing a lease agreement or submitting a license application. You may also visit their offices at 445 W Center St.

Home business licensing requirements are on page II.

REQUIREMENTS

- Provo City application form (mandatory)
 - Emergency Contact form from PCPD (Provo City Police Department) (included in business forms)
 - Food Establishment (page 8) Water Treatment (page 9) questionnaire (if applicable to your business) if you have questions, you may contact the Industrial Pretreatment Coordinator (801-852-6793).
 - One-Time Compliance Form (page 10, for Dental Dischargers) if you have questions, you may contact the Industrial Pretreatment Coordinator (801-852-6793).
- Proof of the registered name of your business, or a copy of the Articles of Incorporation. You may contact the Department of Commerce at 801-530-4849.
- Copy of permanent sales tax number certificate, temporary will not be accepted. (If applicable to your business) See contact information page.
- Copy of your State license (if applicable to your business) See contact information page
- Copy of Health Department certificate (if applicable to your business)
- Copy of Department of Agriculture and Food certificate (if applicable to your business)
- Copy of picture ID (Drivers license, State I.D. Card, U.S. passport or Military I.D.)
- Federal Identification Number
- Copy of professional/occupational license (if applicable to your business)
- BYU housing approval letter if applicable (BYU housing only)
- Fees for the application are non-refundable, and based on the number of employees per year, see the consolidated fee schedule below or go to Provo.org/government/council/code_book/consolidated_fee_schedule/business_licensing. Not applicable for home based businesses
- This permit is good from anniversary date to anniversary date.

CONSOLIDATED FEE SCHEDULE



Number of Employees	Fee	Number of Employees	Fee
0-5	\$125	6-10	\$175
11-25	\$300	26-50	\$425
51-75	\$550	76-100	\$675
101+	\$800		

* NON-PROFIT ORGANIZATIONS \$218

* HOME BUSINESS PERMIT IS \$37 (IF REQUIRED)

HOME BUSINESS PERMIT

Before submitting an application, please review the Provo City Code and then check any of the four (4) boxes that are applicable to your home business. Section 14.41.060 of the Provo City Code reads, all Major Home Occupations will still require a Conditional Use Permit (CUP), unless the applicant obtains a signed petition of support from all property owners within 300 feet of the property.

1. Will there be more than two (2) customers per hour at the home?
 - a. If you have a home based business which has employees or volunteers coming to your home or more than (2) customers per hour coming to your home, you will need to contact the Community and Neighborhood Services Department at 801-852-6420.
2. Will the home occupation be using a commercial vehicle weighing more than 14,000 GVW on site?
 - a. Use of a larger commercial vehicle above 14,000 gross vehicle weight, but no more than 1 gross vehicle weight rating of 17,500 pounds may be used, provided it is parked on private property and adequately screened.
3. Will the home occupation include outside employees?
 - a. Outside employees not residing on the premises may be allowed during daytime business hours (8:00 am to 5:00 pm), subject to the following conditions:
 - i. No more than one (1) outside employee at one time for a dwelling unit located on a lot or parcel which is at least 8,000 square feet in area. One (1) additional employee may be allowed for each additional increment of 30,000 square feet in the area of the lot or parcel.
 - ii. A home occupation that does not bring customers to the premises may have up to three (3) outside employees at one time for a dwelling unit located on a lot or parcel which is at least 8,000 sq. ft., provided sufficient parking is provided. One (1) additional employee may be allowed for each additional increment of 30,000 square feet in the area of the lot or parcel.
4. Will more than one (1) promotional meeting be held per month?
 - a. More than one (1), but not more than four (4) promotional meetings for the purpose of selling merchandise, taking orders, or training may be held per month

-For those living in BYU housing, you will need an approval letter from the property manager or landlord to have a business in the home, if you meet the criteria for a Major Home Business.

-Any home occupation that will involve remodeling an existing space or addition to an existing dwelling for service areas such as barber/beauty shops, studios, offices, etc., will require the approval of the Zoning Department. Prior to any modification, the applicant is strongly encouraged to coordinate with the Zoning Department by calling 801-852-6420.

-Home businesses that are **required** to have a business license are Nail salons, Beauty Salons, Daycare, Home Bakeries, Pet Grooming, etc. For questions, please contact Zoning at 801-852-6420.

BUSINESS LICENSE CONTACT INFORMATION

- Utah Department of Commerce
Business Name Registration (DBA, CORP, LLC, Partnership, etc.)
160 East 300 South, SLC 801-530-4849 or
1-877-526-3994
www.business.utah.gov/registration (to register name)
- Utah State Tax Commission
Sales Tax (tax number must be for Provo City location)
150 East Center #1300, Provo 801-374-7070
www.tax.utah.gov
- Utah Division of Occupational & Professional License
(Contractor, Cosmetology, Real Estate, etc.)
160 East 300 South, SLC 801-530-6628
www.secure.utah.gov
- Utah State License
(Car dealer, Body Shop, Dismantler, etc.) 210
North 1950 West, SLC 801-297-2600
- Utah Department of Child Care Licensing
150 E Center, Provo 801-374-7688 or
1-800-894-2588
www.health.utah.gov/licensing
- Department of Alcoholic Beverage Control
1625 South 900 West, SLC 801-977-6800
www.alcbev.state.ut.us
- Department of Agriculture and Food
350 North Redwood Rd, SLC 801-538-7118
www.ag.utah.gov
- Department of Human Services, Office of Licensing
(Residential Care Facilities; Residential Treatment Facilities, etc.)
195 North 1950 West, SLC 801-538-4171
www.dhs.utah.gov
- Utah County Health Department
151 South University Ave, Provo
801-851-7000
www.utahcountyonline.org
- Utah County Assessor
100 East Center, Provo 801-851-5295
www.utahcounty.gov
- Provo City Community Development 445
West Center St, Provo 801-852-6400
www.provo.org/departments/community-development
- Bureau of Alcohol, Tobacco, Firearms and Explosives
257 East 200 South Ste 475, Salt Lake City
801-524-7070
www.atf.gov



If the business is an establishment where food is prepared on-site, a bakery, caterer, cottage kitchen, or if your business uses special types of equipment such as tattoo parlors or tanning salons, inspections are required by:

- Utah County Health Department (See contact information page)
- Department of Agriculture (See contact information page)

There may be other businesses that require these types of inspections, if you feel your business may qualify, please contact the appropriate department.

Once the application has been submitted, it will be reviewed and approved by:

- Community and Neighborhood Services 801-852-6420
- Provo Fire Marshall (Koby Hubbs) 801-852-6344
- Provo Police Department (Janna-lee) 801-852-6271
- Provo Water Department (Industrial Pretreatment Coordinator) 801- 852-6793

The processing time for a business license is approximately 14 working days. It may take additional time if you are in need of a conditional use permit, health or agriculture department approval, fire inspection, etc. Provo City does not issue temporary business licenses. Please be aware that you must have your business license issued prior to opening or operating.

Certain businesses may also be required to provide surety bonds or undergo background investigation.

The businesses below require a separate application and have additional requirements, you may review the Provo City Code for clarification, the code references are in parenthesis.

- | | | |
|---------------------------------------|------------------------|-----------------------------------|
| Solicitor (6.09) | Taxicab (6.10) | Towing/Parking Enforcement (6.08) |
| Pawnbroker/Second Hand Dealers (6.05) | | Employment Agencies (6.12) |
| Locksmiths (6.16) | Gun Dealers (6.07.090) | Solid Waste Handlers (11.03.050) |

Completed business licenses need to be mailed in with payment and requirements or you may bring them to the City Hall at 445 W Center St. Provo, UT 84601.



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BUSINESS LICENSE APPLICATION

BUSINESS INFORMATION

Business Name _____

Business Address _____ Apt/Suite No. _____

City _____ State _____ Zip Code _____

Email _____

Primary phone number (_____) _____ Secondary Telephone (_____) _____

Mailing Address: (if different) _____

Ownership Type: Corporation Partnership Proprietorship LLC (Limited Liability Company)

Type of Business: Commercial Home Occupation - Walk-in traffic? Yes No

Number of Employees at location _____ (If you are the owner, DO NOT count yourself.)

Opening Date _____ Business Hours From _____ To _____ M T W TH F S SU

Kind of Business (if applicable): Nonprofit Taxi Restaurant Mobile Food Truck Towing

Other _____

Nature of Business: Manufacturing Retail Day Care/Preschool-# of children _____

Wholesale Services Other _____

Detailed Description of Business:

[Empty box for detailed business description]

State License No. _____ License Type _____

Does your business sell products? Yes No

Permanent Sales Tax Number _____

(NO temporary sales tax number accepted)

Does your business have a process discharge to the sewer system? (process discharge is any discharge other than restroom waste) Yes No

Will your business store, produce, utilize hazardous materials, such as oils, fuels, solvents, chemicals, compressed gases, bio-hazardous materials? Yes No

Does your building have built-in fire protection systems, such as automatic sprinkler, hood system, alarm system, standpipes, etc? Yes No

Emergency Contact (1) _____ Telephone (____) _____

Emergency Contact (2) _____ Telephone (____) _____

Emergency Contact (3) _____ Telephone (____) _____

Property Owner Name: (where business is located) _____

Property Owner Address _____

City _____ State _____ Zip Code _____

Alarm Company _____ Telephone _____

IF APPLICANT IS A SOLE-PROPRIETOR, PLEASE COMPLETE THIS SECTION

Owner Name _____

Owner Address _____ Apt/Suite No _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Birthday _____ SSN _____

IF APPLICANT IS A CORPORATION/PARTNERSHIP/LIMITED LIABILITY, COMPLETE THIS SECTION

Business Name _____

Corporate Officers/partners/members as shown in the articles of incorporation:

(1) _____ (2) _____

(3) _____ (4) _____

Corporate Address _____ Apt/Suite No. _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Business Entity No. _____ FEIN No. _____

This form is an application for a business license.

All fees are non-refundable.

Business licenses are valid from anniversary date to anniversary date. Renewal is the responsibility of the business owner. Failure to receive a renewal notice does not excuse this responsibility.

I/We are aware that this application does not constitute approval to operate a business.

I/We have read the following and agree to conduct business strictly in accordance with all ordinances, codes and regulations set forth by Provo City Corporation, Utah County, the State of Utah, and Federal standards, whichever applies. I/We also agree that no other type of business will be conducted other than what has been stated above.

I/We attest that all information on this application is true and correct.

Applicant's Signature _____

Please print your name _____

Date _____

It takes a minimum of two weeks for the business license to be issued. The license is issued when all inspections are complete, compliance with Zoning, Building, Fire, Health or other Divisions have been met, the application was properly completed and the business does not require a conditional use permit.

OFFICE USE ONLY

CSR INITIALS _____ DATE _____

No. of Employees _____

Application Fee \$ _____

Inspection Fee \$ _____

Bond \$ _____

Other Fees \$ _____

Type _____

Total _____



Emergency After Hours Contact Information

For Your Business or Home

*This information is required per Provo City Ordinance 6.18

Business or Property Name:

Full Address:

Daytime Office Number:

Owner's name(s) & phone numbers:

Maintenance after hours #:

Security/Alarm Co. name & #:

Responsible party or manager able to respond within 30 minutes in case of emergency:

Name(s):

Phone Number(s):

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If there is any specific information you would like emergency responders to know about your property or business, please use the box below to supply that information. Examples would be dangerous materials kept on site, emergency lockbox info, etc.



CUSTOMER SERVICE

INDUSTRIAL PRETREATMENT PROGRAM
FOOD SERVICE ESTABLISHMENT QUESTIONNAIRE

BUSINESS INFORMATION

Business Owner Name _____

Company Name _____

Address _____ Apt/Suite No. _____

City _____ State _____ Zip Code _____

Phone Number (____) _____

Please describe your food preparation and clean up activities (check all that apply).

- Baking Grilling Frying Vegetable prep Other (please describe)

[Empty text box for describing food preparation and clean up activities]

Approximately how many customers do you serve per average day? (this information is kept confidential)

Amount of kitchen fixtures used in your establishment

- 3-compartment sink Mop sink
Bar sink Dishwasher
Hand sink Floor drain
Garbage disposal

How are the following food by-products being disposed of? Please check all that apply.

Table with 3 columns: Sewer, Trash, Recycle. Rows: A. Solid Wastes, B. Oil & Grease, C. Liquid Wastes

Do you have a grease interceptor or trap? YES NO

**A grease interceptor is a large underground device designed to remove fat, oil, and grease from your kitchen wastewater. A grease trap is a small, similar device that is located under the sink. These are both different from your grease recycling bin.

If "NO," please sign, date, and return the questionnaire as is.

If "YES," please complete page 2 of this questionnaire. Sign, date, and return it.



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What size (gallons) is the interceptor? _____

Is the interceptor functioning properly? YES NO

If "NO," please explain:

How often is the interceptor serviced? _____

When was the interceptor last serviced? _____

What is the average volume of waste which is removed from the interceptor when it is serviced? _____

What is the name and address of the business that services the interceptor?

Business Name: _____

Address: _____

Are service receipts available? YES NO

Which of the following kitchen fixtures are connected to your grease interceptor?
(please indicate amount of those that apply)

- | | |
|--------------------------|-------------------|
| _____ 3-compartment sink | _____ Mop sink |
| _____ Bar sink | _____ Dishwasher |
| _____ Hand sink | _____ Floor drain |

Additional comments:

The information in this questionnaire is familiar to me and, to the best of my knowledge and belief is true, complete, and accurate.

Name and title of signing official

Date



INDUSTRIAL WASTEWATER PRETREATMENT QUESTIONNAIRE

Business Name _____ phone _____

Business Address _____

Mailing Address _____

SIGNING OFFICER'S INFORMATION (COMPANY OWNER OR OFFICER)

Type or Print Name _____

Type or Print Title _____

Phone _____ Standard Industrial Classification Code (SIC#): _____

Briefly describe manufacturing or service activities _____

List types of chemicals used (include all cleaning solvents, soaps, etc.) _____

Type of discharge: Batch Continuous If Batch, average in 24 hours _____

Are there scheduled shut downs? Yes No If Yes, when _____

Raw Water Sources: Private Wells _____ Gpd(gallons per day)

Provo Culinary _____ Gpd

Other (specify) _____ Gpd

RESPONSIBLE PARTY'S CONTACT INFORMATION (COMPANY OWNER OR OFFICER)

Type or Print Name _____

Type or Print Title _____

Phone _____

NOTE: Material Safety Data Sheets (MSDS) shall be filed with the City before business operations begin.

List principal raw materials used _____

List the principal products or services of the business _____

Is production seasonal? Yes No If Yes, explain _____

Describe water treatment processes in use or proposed _____

Water Consumption in facility in Gpd. Cooling _____ Boiler Feed _____ Process _____
Sanitary _____ In Product _____ Other _____

Average Volume in Gpd of Discharge of water loss to _____ City Sewer _____ Evaporation _____

Natural Outlet _____ Waste Haulers _____ In Product _____ Other _____

Is Discharge to Provo City Sewer System: Yes No

If Yes is discharge: Intermittent Steady

Is there a spill prevention counter-measure plan in effect for this facility? Yes No

If Yes, please attach a copy.

I am familiar with the information contained in this questionnaire and swear that the information is true, complete and accurate. If any of the answers to questions contained in this questionnaire change, the business will notify the City of Provo of the proposed change(s). Notification does not constitute approval of the proposed change(s).

Industrial Pretreatment

1685 S East Bay Blvd.

Phone: 801 852 6793

Signature of Authorized Representative _____ Date _____

**One-Time Compliance Report for Dental Discharges
to Comply with 40 CFR 441.50
Effluent Guidelines and Standards for the Dental Office Category**

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):					

Please Select One of the Following

<input type="checkbox"/>	This facility is a dental discharger subject to this rule (40 CFR Part 441) and it places or removes dental amalgam. <i>Complete sections A, B, C, D, and E</i>
<input type="checkbox"/>	This facility is a dental discharger subject to this rule and (1) it does not place dental amalgam, and (2) it does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. <i>Complete section E only</i>
(Also, select if applicable) Transfer of Ownership (§ 441.50(a)(4))	
<input type="checkbox"/>	This facility is a dental discharger subject to this rule (40 CFR Part 441), and it has previously submitted a one-time compliance report. This facility is submitting a new One Time Compliance Report because of a transfer of ownership as required by § 441.50(a)(4).

Section A

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):		
Description of any amalgam separator(s) or equivalent device(s) currently operated:		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	The facility discharged amalgam process wastewater prior to July 14th, 2017 under any ownership.

Section B

Description of Amalgam Separator or Equivalent Device

<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:	<i>Chairs:</i>
<input type="checkbox"/>	The dental facility installed prior to June 14, 2017 one or more existing amalgam separators that do not 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: I understand that such separators must be replaced with one or more amalgam separators (or equivalent devices) that meet the requirements of § 441.30(a)(1) or § 441.30(a)(2) , after their useful life has ended, and no later than June 14, 2027, whichever is sooner.	<i>Chairs:</i>
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 § 441.30(a)(2)i- iii.

Section C

Design, Operation and maintenance of Amalgam Separator/Equivalent Device

<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 § 441.30 or § 441.40 .	
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 third-party service provider (e.g. Company Name) that maintains the amalgam separator or equivalent device (if applicable):	
<input type="checkbox"/>	NO	If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40 .	
<i>Describe practices:</i>			

Section D

Best Management Practice (BPM) Certifications

<input type="checkbox"/>	The above named dental discharger is implementing the following BMPs as specified in § 441.30(b) or § 441.40 and will continue to do so.
--------------------------	--

- 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).
- 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).

Section E
Certification Statement

Per [§ 441.50\(a\)\(2\)](#), the One-Time Compliance Report must be signed and certified by a responsible corporate officer, a general partner or proprietor if the dental facility is a partnership or sole proprietorship, or a duly authorized representative in accordance with the requirements of [§ 403.12\(l\)](#).

“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. 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 (print name):			
Phone:		Email:	
Authorized Representative Signature		Date	

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 this One Time Compliance Report and make it available for inspection in either physical or electronic form.

PART 441—DENTAL OFFICE POINT SOURCE CATEGORY

Contents:

[§441.10 Applicability.](#)

[§441.20 General definitions.](#)

[§441.30 Pretreatment standards for existing sources \(PSES\).](#)

[§441.40 Pretreatment standards for new sources \(PSNS\).](#)

[§441.50 Reporting and recordkeeping requirements.](#)

§441.10 Applicability.

(a) Except as provided in paragraphs (c), (d), and (e) of this section, this part applies to dental dischargers.

(b) Unless otherwise designated by the Control Authority, dental dischargers subject to this part are not Significant Industrial Users as defined in 40 CFR part 403, and are not “Categorical Industrial Users” or “industrial users subject to categorical pretreatment standards” as those terms and variations are used in 40 CFR part 403, as a result of applicability of this rule.

(c) This part does not apply to dental dischargers that exclusively practice one or more of the following dental specialties: Oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics, or prosthodontics.

(d) This part does not apply to wastewater discharges from a mobile unit operated by a dental discharger.

(e) This part does not apply to dental dischargers that do not discharge any amalgam process wastewater to a POTW, such as dental dischargers that collect all dental amalgam process wastewater for transfer to a Centralized Waste Treatment facility as defined in 40 CFR part 437.

(f) Dental Dischargers that do not place dental amalgam, and do not remove amalgam except in limited emergency or unplanned, unanticipated circumstances, and that certify such to the Control Authority as required in §441.50 are exempt from any further requirements of this part.

§441.20 General definitions.

For purposes of this part:

(a) *Amalgam process wastewater* means any wastewater generated and discharged by a dental discharger through the practice of dentistry that may contain dental amalgam.

(b) *Amalgam separator* means a collection device designed to capture and remove dental amalgam from the amalgam process wastewater of a dental facility.

(c) *Control Authority* is defined in 40 CFR 403.3(f).

(d) *Dental amalgam* means an alloy of elemental mercury and other metal(s) that is used in the practice of dentistry.

(e) *Dental Discharger* means a facility where the practice of dentistry is performed, including, but not limited to, institutions, permanent or temporary offices, clinics, home offices, and facilities owned and operated by Federal, state or local governments, that discharges wastewater to a publicly owned treatment works (POTW).

(f) *Duly Authorized Representative* is defined in 40 CFR 403.12(l)(3).

(g) *Existing Sources* means a dental discharger that is not a new source.

(h) *Mobile unit* means a specialized mobile self-contained van, trailer, or equipment used in providing dentistry services at multiple locations.

(i) *New Sources* means a dental discharger whose first discharge to a POTW occurs after July 14, 2017.

(j) *Publicly Owned Treatment Works* is defined in 40 CFR 403.3(q).

§441.30 Pretreatment standards for existing sources (PSES).

No later than July 14, 2020, any existing source subject to this part must achieve the following pretreatment standards:

(a) Removal of dental amalgam solids from all amalgam process wastewater by one of the following methods:

(1) Installation, operation, and maintenance of one or more amalgam separators that meet the following requirements:

(i) Compliant with either the American National Standards Institute (ANSI) American National Standard/American Dental Association (ADA) Specification 108 for Amalgam Separators (2009) with Technical Addendum (2011) or the International Organization for Standardization (ISO) 11143 Standard (2008) or subsequent versions so long as that version requires amalgam separators to achieve at least a 95% removal efficiency. Compliance must be assessed by an accredited testing laboratory under ANSI's accreditation program for product certification or a testing laboratory that is a signatory to the International Laboratory Accreditation Cooperation's Mutual Recognition Arrangement. The testing laboratory's scope of accreditation must include ANSI/ADA 108-2009 or ISO 11143.

(ii) The amalgam separator(s) must be sized to accommodate the maximum discharge rate of amalgam process wastewater.

(iii) A dental discharger subject to this part that operates an amalgam separator that was installed at a dental facility prior to June 14, 2017, satisfies the requirements of paragraphs (a)(1)(i) and (ii) of this section until the existing separator is replaced as described in paragraph (a)(1)(v) of this section or until June 14, 2027, whichever is sooner.

(iv) The amalgam separator(s) must be inspected in accordance with the manufacturer's operating manual to ensure proper operation and maintenance of the separator(s) and to confirm that all amalgam process wastewater is flowing through the amalgam retaining portion of the amalgam separator(s).

(v) In the event that an amalgam separator is not functioning properly, the amalgam separator must be repaired consistent with manufacturer instructions or replaced with a unit that meets the requirements of paragraphs (a)(i) and (ii) of this section as soon as possible, but no later than 10 business days after the malfunction is discovered by the dental discharger, or an agent or representative of the dental discharger.

(vi) The amalgam retaining units must be replaced in accordance with the manufacturer's schedule as

specified in the manufacturer's operating manual or when the amalgam retaining unit has reached the maximum level, as specified by the manufacturer in the operating manual, at which the amalgam separator can perform to the specified efficiency, whichever comes first.

(2) Installation, operation, and maintenance of one or more amalgam removal device(s) other than an amalgam separator. The amalgam removal device must meet the following requirements:

(i) Removal efficiency of at least 95 percent of the mass of solids from all amalgam process wastewater. The removal efficiency must be calculated in grams recorded to three decimal places, on a dry weight basis. The removal efficiency must be demonstrated at the maximum water flow rate through the device as established by the device manufacturer's instructions for use.

(ii) The removal efficiency must be determined using the average performance of three samples. The removal efficiency must be demonstrated using a test sample of dental amalgam that meets the following particle size distribution specifications: 60 percent by mass of particles that pass through a 3150 μm sieve but which do not pass through a 500 μm sieve, 10 percent by mass of particles that pass through a 500 μm sieve but which do not pass through a 100 μm sieve, and 30 percent by mass of particles that pass through a 100 μm sieve. Each of these three specified particle size distributions must contain a representative distribution of particle sizes.

(iii) The device(s) must be sized to accommodate the maximum discharge rate of amalgam process wastewater.

(iv) The device(s) must be accompanied by the manufacturer's manual providing instructions for use including the frequency for inspection and collecting container replacement such that the unit is replaced once it has reached the maximum filling level at which the device can perform to the specified efficiency.

(v) The device(s) must be inspected in accordance with the manufacturer's operation manual to ensure proper

operation and maintenance; including confirmation that amalgam process wastewater is flowing through the amalgam separating portion of the device(s).

(vi) In the event that a device is not functioning properly, it must be repaired consistent with manufacturer instructions or replaced with a unit that meets the requirements of paragraphs (a)(2)(i) through (iii) of this section as soon as possible, but no later than 10 business days after the malfunction is discovered by the dental discharger, or an agent or representative of the dental discharger.

(vii) The amalgam retaining unit(s) of the device(s) must be replaced as specified in the manufacturer's operating manual, or when the collecting container has reached the maximum filling level, as specified by the manufacturer in the operating manual, at which the amalgam separator can perform to the specified efficiency, whichever comes first.

(viii) The demonstration of the device(s) under paragraphs (a)(2)(i) through (iii) of this section must be documented in the One-Time Compliance Report.

(b) Implementation of the following best management practices (BMPs):

(1) 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 POTW.

(2) 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, including but not limited to bleach, chlorine, iodine and peroxide that have a pH lower than 6 or greater than 8.

(c) All material is available for inspection at EPA's Water Docket, EPA West, 1301 Constitution Avenue NW., Room 3334, Washington, DC 20004, Telephone: 202-566-2426, and is available from the sources listed below.

(1) The following standards are available from the American Dental Association (ADA), 211 East Chicago Ave., Chicago IL 60611-2678, Telephone 312-440-2500, <http://www.ada.org>.

(i) ANSI/ADA Specification No. 108:2009, American National Standard/American Dental Association Specification No. 108 Amalgam Separators. February 2009.

(ii) ANSI/ADA Specification No. 108:2009 Addendum, American National Standard/American Dental Association Specification No. 108 Amalgam Separators, Addendum. November 2011.

(2) The following standards are available from the American National Standards Institute (ANSI), 25 West 43rd Street, 4th Floor, New York, NY 10036, Telephone 212-642-4900, <http://webstore.ansi.org>.

(i) International Standard ISO 11143:2008, Dentistry—Amalgam Separators. Second edition, July 1, 2008.

(ii) [Reserved]

[82 FR 27176, June 14, 2017; 82 FR 28777, June 26, 2017; 82 FR 30997, July 5, 2017]

§441.40 Pretreatment standards for new sources (PSNS).

As of July 14, 2017, any new source subject to this part must comply with the requirements of §441.30(a) and (b) and the reporting and recordkeeping requirements of §441.50.

§441.50 Reporting and recordkeeping requirements.

(a) Dental Dischargers subject to this part must comply with the following reporting requirements in lieu of the otherwise applicable requirements in 40 CFR 403.12(b), (d), (e), and (g).

(1) *One-Time Compliance Report deadlines.* For existing sources, a One-Time Compliance Report must be submitted to the Control Authority no later than October 12, 2020, or 90 days after a transfer of ownership. For new sources, a One-Time Compliance Report must be submitted to the Control Authority no later than 90 days following the introduction of wastewater into a POTW.

(2) *Signature and certification.* The One-Time Compliance Report must be signed and certified by a responsible corporate officer, a general partner or proprietor if the dental discharger is a partnership or

sole proprietorship, or a duly authorized representative in accordance with the requirements of 40 CFR 403.12(l).

(3) *Contents.* (i) The One-Time Compliance Report for dental dischargers subject to this part that do not place or remove dental amalgam as described at §441.10(f) must include the: facility name, physical address, mailing address, contact information, name of the operator(s) and owner(s); and a certification statement that the dental discharger does not place dental amalgam and does not remove amalgam except in limited circumstances.

(ii) The One-Time Compliance Report for dental dischargers subject to the standards of this part must include:

(A) The facility name, physical address, mailing address, and contact information.

(B) Name(s) of the operator(s) and owner(s).

(C) A description of the operation at the dental facility including: The total number of chairs, the total number of chairs at which dental amalgam may be present in the resulting wastewater, and a description of any existing amalgam separator(s) or equivalent device(s) currently operated to include, at a minimum, the make, model, year of installation.

(D) Certification that the amalgam separator(s) or equivalent device is designed and will be operated and maintained to meet the requirements specified in §441.30 or §441.40.

(E) Certification that the dental discharger is implementing BMPs specified in §441.30(b) or §441.40(b) and will continue to do so.

(F) The name of the third-party service provider that maintains the amalgam separator(s) or equivalent device(s) operated at the dental office, if applicable. Otherwise, a brief description of the practices employed by the facility to ensure proper operation and maintenance in accordance with §441.30 or §441.40.

(4) *Transfer of ownership notification.* If a dental discharger transfers ownership of the facility, the new owner must submit a new One-Time Compliance Report

to the Control Authority no later than 90 days after the transfer.

(5) *Retention period.* As long as a Dental Discharger subject to this part is in operation, or until ownership is transferred, the Dental Discharger or an agent or representative of the dental discharger must maintain the One-Time Compliance Report required at paragraph (a) of this section and make it available for inspection in either physical or electronic form.

(b) Dental Dischargers or an agent or representative of the dental discharger must maintain and make available for inspection in either physical or electronic form, for a minimum of three years:

(1) Documentation of the date, person(s) conducting the inspection, and results of each inspection of the amalgam separator(s) or equivalent device(s), and a summary of follow-up actions, if needed.

(2) Documentation of amalgam retaining container or equivalent container replacement (including the date, as applicable).

(3) Documentation of all dates that collected dental amalgam is picked up or shipped for proper disposal in accordance with 40 CFR 261.5(g)(3), and the name of the permitted or licensed treatment, storage or disposal facility receiving the amalgam retaining containers.

(4) Documentation of any repair or replacement of an amalgam separator or equivalent device, including the date, person(s) making the repair or replacement, and a description of the repair or replacement (including make and model).

(5) Dischargers or an agent or representative of the dental discharger must maintain and make available for inspection in either physical or electronic form the manufacturers operating manual for the current device.