

FORM 1: Mercury Report Cover Sheet

WPDES Permit Holder or Sewer Authority Name: Smalltown WWTP

Initial Plan _____ Annual Report x and Date Initial Plan Submitted 1-1-2006

Report Date: 1-1-2007 Period Covered by This Report: 1-1-2006 to 12-31-2006

<u>Name of Treatment Plant(s)</u>	<u>WPDES Permit Number</u>	<u>Mercury Effluent Limit (ng/l)</u>
<u>Smalltown WWTP</u>	<u>WI #98765</u>	<u>XXX.X ng/l</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person to contact concerning information contained in this report:

Name: Jerry Newhouse

Title: Plant Manager

Mailing Address: 1234 Sludge Rd

City, State, Zip Code: Smalltown WI 55555

Telephone No. 555-4567

E-mail: jerry@sludge.com

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of the individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

1/1/2007
Date

WWTP Administrator
Title of Official

John Foreman
Name of Official

John Foreman
Signature of Official

FORM 2: Summary of Mercury Resources

<u>1. Person(s) implementing Pollutant Minimization Program</u>	<u>Title</u>
<u>John Foreman</u>	<u>WWTP Administrator</u>
<u>Stella Jones</u>	<u>Secretary</u>
<u>Ruth Olman</u>	<u>Mercury Research Asst</u>
<u>Jerry Newhouse</u>	<u>Plant Manager</u>

2. Total Person-Hours ¹ 510
 Total Cost ² \$7650

3. Are there any anticipated changes in treatment plant resources that would significantly change program hours or costs during the subsequent year, such as involving or hiring more personnel, purchasing equipment to implement the pollutant minimization program, or conducting compliance monitoring?

Yes No If yes, explain.
Part-time Mercury Research Assistant to increase hours to complete new projects

4. Collaboration on mercury reduction activities is encouraged. Did any other municipal departments, county agencies, non-profit organizations, or other municipalities help implement part of your mercury reduction program?

Yes No If yes, explain:

5. A program for collecting mercury from the permittee's sewer system users is required. List all available options for recycling mercury including household hazardous waste centers, clean sweep events, and collection events hosted by the POTW.

<u>Recycling Option</u>	<u>Frequency of Availability</u>
<u>You Can Do It Recycling</u>	<u>Annual CleanSweep</u>
<u>Thermometer Exchange</u>	<u>Ongoing at WWTP</u>
<u>Fluorescent Bulb Recycling</u>	<u>Ongoing/Hardware store</u>

¹ Include time of all staff involved in administering and implementing the various program areas, e.g. Pretreatment Coordinator, Superintendent of POTW, Clerical Staff, Field Monitoring Personnel, Laboratory Personnel, and others.

² Include all administrative, monitoring, laboratory staff, and equipment costs including monitoring/analytical work done by an outside laboratory.

FORM 4A: Medical Facility Inventory¹

Name	Address	City, State, Zip Code	Type of Facility	Contact	Phone
Smalltown Hospital	1 Hospital Dr.	Smalltown, WI 55555	Hospital	Max Hopeman	555-0000
Main Clinic	1221 Main St.	Smalltown, WI 55555	Clinic	Katie Basina	555-5007
Animal Mall Clinic	Sailor Mall	Smalltown, WI 55555	Veterinary	Tom Goode	555-3311
Country Road Clinic	7007 County Rd A	Smalltown, WI 55555	Veterinary	Dr. Ed McMahn	555-0123
Children's Clinic	707 County Rd B	Smalltown, WI 55555	Clinic	Dr. Mark Drake	555-1312

¹ List should include all hospitals, clinics and veterinary facilities with diagnostic laboratories (including laboratories contracted or managed independently of the medical facility).

FORM 4B: Medical Facility Mercury Checklist

Best Management Practices for Mercury are taken from the AHA/EPA "Making Medicine Mercury-Free" Criteria.

Compliance with these BMPs may be considered as compliance with the local sewer use ordinance limit for mercury; wastewater sampling and analysis may also be waived by the municipality. It is the intention of the Mercury Pollutant Minimization Program to encourage implementation of mercury BMPs. Report date BMP implemented, or if not implemented, date anticipated.

	Yes	No	Date	Best Management Practice
Policy	X		2005	1. Has your facility established a mercury plan and timeline for the reduction and eventual elimination of mercury-containing equipment and chemicals?
	X		2005	2. Has your facility implemented an Environmentally Preferable Purchasing (EPP) policy for mercury products and a process to regularly review mercury use reduction and elimination progress?
	X		2005	3. Has your facility established mercury management protocols for safe handling, mercury spill clean up procedures, disposal procedures, and education and training of employees?
Mercury Products	X			4. Has your facility replaced patient mercury thermometers?
		X	12-07	5. Has your facility replaced all or majority (75%) of mercury sphygmomanometers?
	X			6. Has your facility replaced all or majority (75%) of mercury clinical devices (bougies, miller-abbott tubes, dilators, etc)?
	X			7. Has your facility inventoried and labeled all mercury-containing facility devices (switches, thermostats, etc.)**
	X		Ongoing	8. Has your facility implemented a program to recycle fluorescent lamps? **
	X	12-07	9. Has your facility implemented battery collection programs? **	
Lab		X	Ongoing	10. Has your facility replaced all or majority (75%) of mercury lab thermometers?
	X			11. Has your facility replaced B5/Zenkers stains with non-mercury substitute?
	X			12. Has your facility inventoried mercury-containing lab chemicals?

** May not affect wastewater

Wastewater Sampling and Analysis (Not required for facilities implementing or scheduled to implement all BMPs)

Sampling Location _____ Mercury Effluent Concentration _____ Date _____

(Attach summary report)

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my knowledge, I am immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete.

This facility has implemented some WW BMPs and scheduled the rest. They get a check under scheduled all "WW BMPs" on Form 4C.

Smalltown Hospital

1 Hospital Drive

50 beds

Name of Facility

Address

Size of Facility (Number of beds, employees, or other)

Dr. Max Hopeman

Dr. Max Hopeman

Hospital Administrator

555-0000

3-01-06

Printed Name of Official

Signature

Title

Phone

Date

FORM 4B: Medical Facility Mercury Checklist

Best Management Practices for Mercury are taken from the AHA/EPA “Making Medicine Mercury-Free” Criteria.

Compliance with these BMPs may be considered as compliance with the local sewer use ordinance limit for mercury; wastewater sampling and analysis may also be waived by the municipality. It is the intention of the Mercury Pollutant Minimization Program to encourage implementation of mercury BMPs. Report date BMP implemented, or if not implemented, date anticipated.

	Yes	No	Date	Best Management Practice
Policy	X		2005	1. Has your facility established a mercury plan and timeline for the reduction and eventual elimination of mercury-containing equipment and chemicals?
	X		2005	2. Has your facility implemented an Environmentally Preferable Purchasing (EPP) policy for mercury products and a process to regularly review mercury use reduction and elimination progress?
	X		2005	3. Has your facility established mercury management protocols for safe handling, mercury spill clean up procedures, disposal procedures, and education and training of employees?
Mercury Products	X		2003	4. Has your facility replaced patient mercury thermometers?
	X		2002	5. Has your facility replaced all or majority (75%) of mercury sphygmomanometers?
	X		2004	6. Has your facility replaced all or majority (75%) of mercury clinical devices (bougies, miller-abbott tubes, dilators, etc)?
	X		2005	7. Has your facility inventoried and labeled all mercury-containing facility devices (switches, thermostats, etc.)? **
	X		2004	8. Has your facility implemented a program to recycle fluorescent lamps? **
	X		2004	9. Has your facility implemented battery collection programs? **
Lab	X		2004	10. Has your facility replaced all or majority (75%) of mercury lab thermometers?
	X		2004	11. Has your facility replaced B5/Zenkers stains with non-mercury substitute?
	X		2005	12. Has your facility inventoried mercury-containing lab chemicals?

** May not affect wastewater

Wastewater Sampling and Analysis (Not required for facilities implementing or scheduled to implement all BMPs)

Sampling Location _____ Mercury Effluent Concentration _____ Date _____

(Attach summary if multiple wastewater outfalls)

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my knowledge, as the person immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

This facility has implemented all BMPs. They get a check under implemented all WW BMPs on Form 4C.

<u>Main Clinic</u>	<u>1221 Main St</u>	<u>9 employees</u>
Name of Facility	Address	Size of Facility (Number of beds, employees, or other)
<u>Dr. Katherine Basina</u>	<u>Dr. Katherine Basina</u>	<u>Hospital Administrator</u>
Printed Name of Official	Signature	Title
		<u>555-5007</u>
		<u>4-1-06</u>
		Date

FORM 4B: Medical Facility Mercury Checklist

Best Management Practices for Mercury are taken from the AHA/EPA “Making Medicine Mercury-Free” Criteria.

Compliance with these BMPs may be considered as compliance with the local sewer use ordinance limit for mercury; wastewater sampling and analysis may also be waived by the municipality. It is the intention of the Mercury Pollutant Minimization Program to encourage implementation of mercury BMPs. Report date BMP implemented, or if not implemented, date anticipated.

	Yes	No	Date	Best Management Practice
Policy				1. Has your facility established a mercury plan and timeline for the reduction and eventual elimination of mercury-containing equipment and chemicals?
		√		2. Has your facility implemented an Environmentally Preferable Purchasing (EPP) policy for mercury products and a process to regularly review mercury use reduction and elimination progress?
	√		1/2005	3. Has your facility established mercury management protocols for safe handling, mercury spill clean up procedures, disposal procedures, and education and training of employees?
Mercury Products	√		1/2005	4. Has your facility replaced patient mercury thermometers?
		--		5. Has your facility replaced all or majority (75%) of mercury sphygmomanometers?
	√			6. Has your facility replaced all or majority (75%) of mercury clinical devices (bougies, miller-abbott tubes, dilators, etc)?
		√		7. Has your facility inventoried and labeled all mercury-containing facility devices (switches, thermostats, etc.)? **
	√		2000	8. Has your facility implemented a program to recycle fluorescent lamps? **
Lab		√	6/2007	9. Has your facility implemented battery collection programs? **
				10. Has your facility replaced all or majority (75%) of mercury lab thermometers?
				11. Has your facility replaced B5/Zenkers stains with non-mercury substitute?
				12. Has your facility inventoried mercury-containing lab chemicals?

** May not affect wastewater

Wastewater Sampling and Analysis (Not required for facilities implementing or scheduled to implement all BMPs)

Sampling Location _____ Mercury Effluent Concentration _____ Date _____

(Attach summary if multiple wastewater outfalls)

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my knowledge, as the person immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete.

<u>Animal Mall Clinic</u>	<u>Sailor Mall</u>	<u>14 employees</u>
Name of Facility	Address	Size of Facility (Number of beds, employees, or other)
<u>Tom Goode</u>	<u>Tom Goode</u>	<u>Owner</u>
Printed Name of Official	Signature	Title
		<u>555-3311</u>
		Phone
		<u>6-21-2006</u>
		Date

This facility has implemented and scheduled some WW BMPs. However some questions were not answered. They get no check on Form 4C.

FORM 4B: Medical Facility Mercury Checklist

Best Management Practices for Mercury are taken from the AHA/EPA “Making Medicine Mercury-Free” Criteria.

Compliance with these BMPs may be considered as compliance with the local sewer use ordinance limit for mercury; wastewater sampling and analysis may also be waived by the municipality. It is the intention of the Mercury Pollutant Minimization Program to encourage implementation of mercury BMPs. Report date BMP implemented, or if not implemented, date anticipated.

	Yes	No	Date	Best Management Practice
Policy		X	NA	1. Has your facility established a mercury plan and timeline for the reduction and eventual elimination of mercury-containing equipment and chemicals?
		X	NA	2. Has your facility implemented an Environmentally Preferable Purchasing (EPP) policy for mercury products and a process to regularly review mercury use reduction and elimination progress?
		We don't use mercury!		3. Has your facility established mercury management protocols for safe handling, mercury spill clean up procedures, disposal procedures, and education and training of employees?
Mercury Products			NA	4. Has your facility replaced patient mercury thermometers?
			NA	5. Has your facility replaced all or majority (75%) of mercury sphygmomanometers?
			NA	6. Has your facility replaced all or majority (75%) of mercury clinical devices (bougies, miller-abbott tubes, dilators, etc)?
			NA	7. Has your facility inventoried and labeled all mercury-containing facility devices (switches, thermostats, etc.)? **
	X		2004	8. Has your facility implemented a program to recycle fluorescent lamps? **
X		2004	9. Has your facility implemented battery collection programs? **	
Lab			NA	10. Has your facility replaced all or majority (75%) of mercury lab thermometers?
			NA	11. Has your facility replaced B5/Zenkers stains with non-mercury substitute?
			NA	12. Has your facility inventoried mercury-containing lab chemicals?

** May not affect wastewater

Wastewater Sampling and Analysis (Not required for facilities implementing or scheduled to implement all BMPs)

Sampling Location _____ Mercury Effluent Concentration _____ Date _____

(Attach summary if multiple wastewater outfalls)

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my examination, I, _____, immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

This facility does not use mercury products that affect wastewater. It should be removed from the inventory.

<u>Country Road Clinic</u>	<u>7007 County Rd A</u>	<u>11 employees</u>
Name of Facility	Address	Size of Facility (Number of beds, employees, or other)
<u>Dr. Ed McMahn</u>	<u>Dr. Ed McMahn</u>	<u>Owner</u>
Printed Name of Official	Signature	Title
		<u>555-0123</u>
		<u>8-21-2006</u>
		Phone
		Date

FORM 4B: Medical Facility Mercury Checklist

Best Management Practices for Mercury are taken from the AHA/EPA “Making Medicine Mercury-Free” Criteria.

Compliance with these BMPs may be considered as compliance with the local sewer use ordinance limit for mercury; wastewater sampling and analysis may also be waived by the municipality. It is the intention of the Mercury Pollutant Minimization Program to encourage implementation of mercury BMPs. Report date BMP implemented, or if not implemented, date anticipated.

	Yes	No	Date	Best Management Practice
Policy		X	2007	1. Has your facility established a mercury plan and timeline for the reduction and eventual elimination of mercury-containing equipment and chemicals?
		X	2007	2. Has your facility implemented an Environmentally Preferable Purchasing (EPP) policy for mercury products and a process to regularly review mercury use reduction and elimination progress?
	X		2005	3. Has your facility established mercury management protocols for safe handling, mercury spill clean up procedures, disposal procedures, and education and training of employees?
Mercury Products	X		2006	4. Has your facility replaced patient mercury thermometers?
		X	2006	5. Has your facility replaced all or majority (75%) of mercury sphygmomanometers?
		X	2006	6. Has your facility replaced all or majority (75%) of mercury clinical devices (bougies, miller-abbott tubes, dilators, etc)?
		X		7. Has your facility inventoried and labeled all mercury-containing facility devices (switches, thermostats, etc.)? **
	X		Ongoing	8. Has your facility implemented a program to recycle fluorescent lamps? **
	X		9. Has your facility implemented battery collection programs? **	
Lab		X	2007	10. Has your facility replaced all or majority (75%) of mercury lab thermometers?
		X	2007	11. Has your facility replaced B5/Zenkers stains with non-mercury substitute?
	X		2005	12. Has your facility inventoried mercury-containing lab chemicals?

** May not affect wastewater

Wastewater Sampling and Analysis (Not required for facilities implementing or scheduled to implement)

Sampling Location _____ Mercury Effluent Concentration _____ D
(Attach summary if multiple wastewater outfalls)

I have personally examined and am familiar with the information submitted in this document and attachments. Based on my review, I, _____, immediately responsible for obtaining the information reported herein, I believe that the submitted information is true and accurate.

<u>Children's Clinic</u>	<u>707 County Rd B</u>	<u>7 employees</u>
Name of Facility	Address	Size of Facility (Number of beds, employees, or other)
<u>Dr. Mark Drake</u>	<u>Dr. Mark Drake</u>	<u>Administrator</u>
Printed Name of Official	Signature	Title
		<u>555-1312</u>
		<u>9-21-2006</u>
		Date

This facility has implemented or scheduled all BMPs except 7 & 9. As BMPs 7 and 9 do not affect wastewater they get a check under scheduled all WW BMPs on Form 4C.

FORM 4C: Medical Facility Compliance and Outreach Summary

General Outreach to All Medical Facilities

Outreach Accomplished	Outreach Planned
Mailed Form 4B 2/06	Personal Contact summer 07
Personal Visits summer 06	Thermometer Collection 4/07

Outreach may include newspaper articles or advertisements, mailings, workshops, speaking engagements, etc. Identify type and date.

Compliance and Specific Outreach to Individual Medical Facilities

Name of Facility	Implemented All WW BMPs	Scheduled All WW BMPs	Wastewater Analysis	Outreach Accomplished	Outreach Planned
Smalltown Hospital		X			
Main Clinic	X				
Animal Mall					
Country Road Clinic					
Children's Clinic		X			

Outreach may include a site visit, an inspection, sampling, etc. Identify type and date.

Sector Evaluation

Notes:

<u>20</u>	% Implemented All WW BMPs
<u>40</u>	% Scheduled to Implement All WW BMPs
<u>0</u>	% In Compliance with Local Wastewater Limits
<u>60</u>	Total % Compliant (Medical Mercury PMP Score)
<i>Enter on Form 10 under IA: Medical Sector Score</i>	

FORM 5A: Dental Facility Inventory¹

Name	Address	City, State, Zip Code	Type of Facility	Contact	Phone
Larson Dental	5 Medical Arts Bldg	Smalltown, WI 55555	Dental Office	Dr. Larson	555-1234
Johnson Dental	10 Medical Arts Bldg	Smalltown, WI 55555	Dental Office	Dr. Johnson	555-2278
Anderson Dental	15 Medical Arts Bldg	Smalltown, WI 55555	Dental Office	Dr. Anderson	555-8281
Peterson Dental	20 Medical Arts Bldg	Smalltown, WI 55555	Oral Surgeon	Dr. Peterson	555-0007
Nelson Dental	25 Medical Arts Bldg	Smalltown, WI 55555	Dental Clinic	Dr. Nelson	555-1987

¹ List should include all dental facilities that install or remove amalgam fillings. Dental facilities not working with amalgam do not need to be included.

FORM 5C: Dental Facility Compliance and Outreach Summary

General Outreach to All Dental Facilities

Outreach Accomplished	Outreach Planned
Mailed Form 5B Feb 2006	Personal contact with offices that did not return correctly completed Form 5B 1/07
Contacted offices throughout 06	Provide information on amalgam and separators 6/2007

Outreach may include newspaper articles or advertisements, mailings, workshops, speaking engagements, etc. Identify type and date.

Compliance and Specific Outreach for Individual Dental Facilities

Name of Facility	Implemented All BMPs	Scheduled All BMPs	Wastewater Analysis	Outreach Accomplished	Outreach Planned
Larson Dental		X		Personal visit 5/2006, has separator	
Johnson Dental					Followup call Apr
Anderson Dental					Visit May
Peterson Dental					Visit May
Nelson Dental	X			Installed separator 3/2006	

Outreach may include a site visit, an inspection, sampling, etc. Identify type and date.

Sector Evaluation

Notes:

<u>20</u>	% Implemented All BMPs
<u>20</u>	% Scheduled to Implement All BMPs
<u>0</u>	% In Compliance with Local Wastewater Limits
<u>40</u>	Total % Compliant (Dental Mercury PMP Score)
<i>Enter on Form 10 under IB: Dental Sector Score</i>	

FORM 6A: School and Educational Facility Inventory¹

Name	Address	City, State, Zip Code	Type of Facility	Contact	Phone
Smalltown Comm College	200 E 1 St	Smalltown, WI 55555	College	Dr. Steven Berg	555-7766
Central High School	500 Central Avenue	Smalltown, WI 55555	High School	J. Johnson	555-7871
Smalltown Middle School	600 Central Avenue	Smalltown, WI 55555	Middle School	B. Boyd	555-3711

¹ List should include all middle schools, high schools, technical schools, colleges, and universities.

FORM 6C: School and Educational Facility Compliance and Outreach Summary

General Outreach to All School and Educational Facilities

Outreach Accomplished	Outreach Planned
Mail Form 6B March 2006	Personal visit Fall 2007
Develop PowerPoint Presentations April 2006	

Outreach may include newspaper articles or advertisements, mailings, workshops, speaking engagements, etc. Identify type and date.

Compliance and Specific Outreach for Individual School and Educational Facilities

Name of Facility	Implemented All BMPs	Scheduled All BMPs	Wastewater Analysis	Outreach Accomplished	Outreach Planned
Smalltown Comm College					Presentation Sept 2007
Central High School					Visit Oct 2007
Smalltown Middle School					Visit Oct 2007 Visit with Clancy

Outreach may include a site visit, an inspection, sampling, etc. Identify type and date.

Sector Evaluation

Notes:

<u>0%</u>	% Implemented All BMPs
<u>0%</u>	% Scheduled to Implement All BMPs
<u>0%</u>	% In Compliance with Local Wastewater Limits
<u>0%</u>	Total % Compliant (School Mercury PMP Score)
<i>Enter on Form 10 under IC: School Sector Score</i>	

FORM 7A: Industry Inventory¹

Name	Address	City, State, Zip Code	Type of Facility	Contact	Phone
Widget Mfg Corp	1030 Cty Rd A	Smalltown, WI 55555	Widget Mfg	D R Thompson	555-1379
Smalltown WWTP	1234 Sludge Road	Smalltown, WI 55555	Wastewater Treatment	Jerry Newhouse	555-4567

¹ List should include all industries and businesses identified by the POTW as having potential for mercury wastewater contributions (see instructions).

FORM 7C: Industry Compliance and Outreach Summary

General Outreach to All Industrial Facilities

Outreach Accomplished	Outreach Planned
	Continued attempts will be made to work with this company throughout the year.

Outreach may include newspaper articles or advertisements, mailings, workshops, speaking engagements, etc. Identify type and date.

Compliance and Specific Outreach for Individual Industrial Facilities

Name of Facility	Implemented All WW BMPs	Scheduled All WW BMPs	Wastewater Analysis	Outreach Accomplished	Outreach Planned
Widget Mfg Corp				Mailed Form 7B Mar 2006 Follow-up calls Apr & Aug 2006	Letter of non-compliance 2-2007
Smalltown WWTP		x		Mercury self-assessment Summer 2006	

Outreach may include a site visit, an inspection, sampling, etc. Identify type and date. Add additional pages as necessary.

Sector Evaluation

Notes:

<u>0</u>	% Implemented All BMPs
<u>50</u>	% Scheduled to Implement All BMPs
<u>0</u>	% In Compliance with Local Wastewater Limits
<u>50</u>	Total % Compliant (Industry Mercury PMP Score)
Enter on Form 10 under ID: Industry Sector Score	

Unable to schedule visit with Widget Mfg Corp. Has not returned Form B or answered phone calls.

Form 8A: General Public Mercury Checklist and Outreach Summary

Best Management Practices for mercury are defined as reducing household use of new mercury-containing products and recycling (rather than discarding) old mercury-containing products.

List participation by households in reducing their use of new mercury containing products (i.e.: retail stores that no longer sell mercury fever thermometers) and participation by households in recycling their old mercury-containing products (i.e.: “CleanSweep” events for mercury thermometers). Include adoption of local ordinances that affect mercury product sale or recycling. *Note: Common household mercury products include fever and other thermometers, thermostats, “silent” light switches, and containers of liquid mercury.* Attach additional sheets as necessary.

Household Mercury Product	Discontinued Sale (Describe)	Recycled Products (Quantity)
Thermometers		422
CleanSweep		Unknown

Outreach activities to households (and retail stores). List date accomplished. Attach additional sheets as necessary.

Activity:	Website/Ads in Paper/Displays	Mailings/Surveys	Collection Events	Workshops/Community Events	Site Visits/Personal Contacts	Other: Describe
Date	Jan 2006		April 2006			City Council Mar 2006
Date	Mar 2006					
Date						
Date						
Date						

Sector Evaluation

The score for the General Public Sector is calculated based on a formula that uses POTW size and the number of outreach events. *The maximum value for the general public sector score is 100.*

$$\frac{4}{\text{\# of outreach events}} \times \frac{10}{\text{facility factor}} = \frac{40}{\text{General Public Mercury PMP Score}}$$

Enter on Form 10 under IIA: General Public Sector Score

Design Flow (MGD)	Facility Factor
1----4.9.....	10
5----49.9.....	5
50----250.....	1

FORM 8B: HVAC (Thermostat) Mercury Checklist and Outreach Summary

Best Management Practices for mercury are defined as collecting and recycling mercury thermostats.

List HVAC wholesalers and contractors that collect and recycle mercury thermostats; include retail stores that offer this service. Attach additional sheets as necessary.

Name	Address	City/State Zip Code	Type of Facility

Estimated total number of HVAC wholesalers and contractors in service area: 2

Outreach activities to HVAC wholesalers and contractors. List date accomplished. Attach additional sheets as necessary.

Activity:	Website/Ads in Paper/Displays	Mailings/Surveys	Collection Events	Workshops/ Community Events	Site Visits/ Personal Contacts	Other: Describe
Date						
Date						
Date						
Date						
Date						

Sector Evaluation

Notes: Baccus is considering being a drop off site for Thermometer Exchange Program - wants more info

 0 **HVAC (Thermostat) Mercury PMP Score**
 (% HVAC wholesalers and contractors collecting and recycling mercury thermostats in service area).
Enter on Form 10 under IIB: HVAC Sector Score

FORM 8C: Auto Switch Mercury Checklist and Outreach Summary

Best Management Practices for mercury are defined as removing and recycling auto mercury switches.

List auto-scrap yards that remove and recycle mercury hood and trunk switches; include dealerships that perform this same service. Attach additional sheets as necessary.

Name	Address	City/State/Zip Code	Type of Facility

Estimated total number of auto scrap yards and dealerships in service area: 2

Outreach activities to auto scrap yards and dealerships. List date accomplished. Attach additional sheets as necessary.

Activity:	Website/Ads in Paper/Displays	Mailings/Surveys	Collection Events	Workshops/Community Events	Site Visits/Personal Contacts	Other: Describe
Date					6-2006	
Date						
Date						
Date						
Date						

Sector Evaluation

Notes:

0 **Auto Switch Mercury PMP Score**
 (% auto scrap yards and dealerships removing and recycling mercury hood and trunk switches in service area).

Form 8D: Fluorescent Bulb Mercury Checklist and Outreach Summary

Best Management Practices for mercury are defined as increasing business and household use of energy-efficient low-mercury fluorescent bulbs and recycling (rather than discarding) burned out fluorescent bulbs.

List participation by businesses and households in recycling their burned out fluorescent bulbs, including both continuous and one-time “CleanSweep” events. Include adoption of local ordinances that affect fluorescent bulb recycling. Attach additional pages as necessary.

Business Fluorescent Bulb Recycling (Quantity, %, or other measures)	Household Fluorescent Bulb Recycling (Quantity, %, or other measures)

Outreach activities to businesses, households (and retail stores) promoting fluorescent bulb recycling. List date accomplished. Attach additional pages as necessary.

Activity:	Website/Ads in Paper/Displays	Mailings/Surveys	Collection Events	Workshops/Community Events	Site Visits/Personal Contacts	Other: Describe
Date	June 2006		CleanSweep 7/06			
Date						
Date						
Date						
Date						

Sector Evaluation

The score for the Fluorescent Bulb Sector is calculated based on a formula that uses POTW size and the number of outreach events. *The maximum value for the fluorescent bulb sector score is 100.*

$$\frac{2}{\text{\# of outreach events}} \times \frac{10}{\text{facility factor}} = \frac{20}{\text{Fluorescent Bulb Mercury PMP Score}}$$

_____ *Enter on Form 10 under IID: Fluorescent Bulb Sector Score*

Design Flow (MGD)	Facility Factor
1-----4.9.....	10
5-----49.9.....	5
50----250.....	1

FORM 9A: Historical Mercury PMP Score

This form gives credit to your POTW for mercury reduction projects completed before implementing a Mercury PMP. The information on the form will not change from year to year. The form is divided into outreach aimed at wastewater sectors and outreach aimed at optional sectors (dairy manometer outreach refers to farms that have participated in replacing and recycling their milk house mercury manometers). For each outreach activity that your POTW has done in the past, put a check in the corresponding box. To calculate your Historical Mercury Score, count the total number of boxes checked and enter that number in the box on the bottom of the page and also on Form 10.

		OUTREACH ACTIVITIES						SECTOR ACCOMPLISHMENTS			
		Ads in Paper/ Displays/ Website	Mailings/ Surveys	Collection Events	Workshops/ Community Events	Site Visits/ Personal Contacts	Other: Describe	Replaced Mercury Products	Recycled Mercury Products	Installed Mercury Treatment	Other - Describe
Wastewater Sectors	<i>Medical</i>			X				X			
	<i>Dental</i>										
	<i>School</i>										
	<i>Industry</i>										
Other Community Sectors	<i>General Public</i>	X		X			X	X			
	<i>HVAC</i>										
	<i>Auto Switch</i>										
	<i>Fluorescent Bulb</i>	X	X								
	<i>Dairy Manometer</i>										
	<i>Other - Define</i>										

Notes:

8 **Number of Mercury Outreach Activities and Mercury Sector Accomplishments:** (Total boxes checked)

For Annual Report: Enter on Form 10 under IIIA: Historical Score

FORM 9B: Extra-jurisdictional Mercury PMP Score

This form gives credit for mercury projects your POTW has completed outside the treatment plant service area. For the initial plan, include all activities you have implemented. For the annual report, include all activities that have occurred only in the past 12 months. The form is divided into outreach aimed at wastewater sectors and outreach aimed at optional sectors. For each outreach activity or sector accomplishment, put a check in the corresponding box. To calculate your Extra-jurisdictional Mercury Score, count the total number of boxes checked and enter that number in the box on the bottom of the page and also on Form 10.

		OUTREACH ACTIVITIES						SECTOR ACCOMPLISHMENTS			
		Ads in Paper/ Displays/ Website	Mailings/ Surveys	Collection Events	Workshops/ Community Events	Site Visits/ Personal Contacts	Other: Describe	Replaced Mercury Products	Recycled Mercury Products	Installed Mercury Treatment	Other - Describe
Wastewater Sectors	<i>Medical</i>										
	<i>Dental</i>										
	<i>School</i>										
	<i>Industry</i>										
Other Community Sectors	<i>General Public</i>	x									
	<i>HVAC</i>										
	<i>Auto Switch</i>										
	<i>Fluorescent Bulb</i>										
	<i>Dairy Manometer</i>										
	<i>Other - Define</i>										

Notes:

 1 **Number of Mercury Outreach Activities and Mercury Sector Accomplishments:** (Total boxes checked)

For Annual Report: Enter on Form 10 under IIIB: Extra-jurisdictional Score

FORM 10: Community Mercury PMP Score

Facility Name: Smalltown WWTP

Report Date: 1-1-2007

I. Wastewater Sectors: (Should to be included in Mercury PMP Plan)

<u>Sector</u>	<u>Sector Score</u>	x	<u>Weighting Factor</u> *	=	<u>Weighted Sector Score</u>
A: Medical (from Form 4C)	<u>75</u>	x	(0.15)	=	<u>11.3</u>
B: Dental (from Form 5C)	<u>40</u>	x	(0.50)	=	<u>20</u>
C: School (from Form 6C)	<u>0</u>	x	(0.15)	=	<u>0</u>
D: Industry (from Form 7C)	<u>50</u>	x	(0.20)	=	<u>10</u>
Total Wastewater Sectors Score					41.3

* Weighting factor is the relative fraction of mercury to POTW that is attributable to each sector. If you know what fraction comes from each sector you can adjust accordingly. The weighting factors must add up to 1. Use default values in parenthesis above if unknown.

II. Other Community Sectors: (May be included in Mercury PMP Plan)

<u>Sector</u>	<u>Sector Score</u>	x	<u>Weighting Factor</u> **	=	<u>Weighted Sector Score</u>
A: General Public (from Form 8A)	<u>40</u>	x	0.1	=	<u>4</u>
B: HVAC (from Form 8B)	<u>0</u>	x	0.1	=	<u>0</u>
C: Auto Switch (from Form 8C)	<u>0</u>	x	0.1	=	<u>0</u>
D: Fluorescent Bulb (from Form 8D)	<u>20</u>	x	0.1	=	<u>2</u>
Total Other Community Sectors Score					6

** Weighting factor is between 0.0 and 0.1. Wisconsin's weighting factor is 0.1.

III. Other Credits: (May be included in Mercury PMP Plan)

<u>Other</u>	<u>Score</u>	x	<u>Weighting Factor</u> **	=	<u>Weighted Score</u>
A: Historical (from Form 9A)	<u>8</u>	x	0.1	=	<u>0.8</u>
B: Extra-jurisdictional (from Form 9B)	<u>1</u>	x	0.1	=	<u>0.1</u>
Total Other PMP Credits Score					0.9

** Weighting factor is between 0.0 and 0.1. Wisconsin's weighting factor is 0.1.

IV. Community Mercury PMP Score:

Sum of Wastewater Sectors, Other Community Sectors and Other PMP Credits **48.2**