

FORM 1: Mercury PMP Report Cover Sheet

WPDES Permit Holder or Sewer Authority Name: _____

Initial Plan: _____ Annual Report _____ and Date Initial Plan Submitted _____

Report Date: _____ Period Covered by This Report: _____

<u>Name of Treatment Plant(s)</u>	<u>WPDES Permit Number</u>	<u>Mercury Effluent Limit (ng/l)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person to contact concerning information contained in this report:

Name: _____

Title: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone No. _____

E-mail: _____

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.

Date

Title of Official

Name of Official

Signature of Official

FORM 2: Mercury PMP Summary of Resources

<u>1. Person(s) implementing PMP</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____
_____	_____

2. Total Person-Hours ¹ _____
Total Cost ² _____

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:

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>
_____	_____
_____	_____
_____	_____

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

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				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?
				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				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.)? **
				8. Has your facility implemented a program to recycle fluorescent lamps? **
				9. Has your facility implemented battery collection programs? **
Lab				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 inquiry of the individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Name of Facility	Address	Size of Facility (Number of beds, employees, or other)
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Printed Name of Official	Signature	Title	Phone	Date
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FORM 4C: Medical Facility Compliance and Outreach Summary

General Outreach to All Medical Facilities

Outreach Accomplished	Outreach Planned

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

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

Sector Evaluation

Notes:

_____ % Implemented All WW BMPs
 _____ % Scheduled to Implement All WW BMPs
 _____ % In Compliance with Local Wastewater Limits
 _____ Total % Compliant (Medical Mercury PMP Score)

Enter on Form 10 under IA: Medical Sector Score

FORM 5A: Dental Facility Inventory¹

Name	Address	City, State, Zip Code	Type of Facility	Contact	Phone

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 5B: Dental Facility Mercury Checklist

Best Management Practices are those defined by the ADA and Installation of an Amalgam Separator meeting ISO 11143 Standards.

Compliance with the ADA recommended mercury management practices plus the installation and maintenance of an amalgam separator meeting ISO 11143 standards 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. If you do not place or remove amalgam fillings, check here, sign and return form. _____

Yes	No	Date	Best Management Practice
			1. Has all bulk mercury been eliminated from your stock at your dental office?
			2. Does your dental office use precapsulated alloys?
			3. Does your dental office recycle disposable amalgam capsules?
			4. Does your dental office capture and recycle non-contact scrap amalgam?
			5. Does your dental office capture and recycle contact amalgam including the contents of chair-side traps?
			6. Does your dental office recycle contact amalgam retained by the vacuum pump filter?
			7. Does your dental office disinfect and recycle extracted teeth with amalgam fillings?
			8. Does your dental office use non-chlorine, non-bleach line cleaners that minimize the dissolution of amalgam?
			9. Does your dental office have and maintain an amalgam separator meeting ISO standards? Manufacturer: _____ Model: _____

Name and address of vendor where amalgam is recycled: _____

Wastewater Sampling and Analysis (Not required for facilities scheduling or implementing best management practices as defined above.)

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 inquiry of the individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Name of Facility	Address	Size of Facility (Number of chairs, employees, or other)
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Printed Name of Official	Signature	Title	Phone	Date
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FORM 5C: Dental Facility Compliance and Outreach Summary

General Outreach to All Dental Facilities

Outreach Accomplished	Outreach Planned

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

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

Sector Evaluation

Notes:

_____ % Implemented All BMPs
 _____ % Scheduled to Implement All BMPs
 _____ % In Compliance with Local Wastewater Limits
 _____ Total % Compliant (Dental Mercury PMP Score)

Enter on Form 10 under IB: Dental Sector Score

FORM 6A: School and Educational Facility Inventory¹

Name	Address	City, State, Zip Code	Type of Facility	Contact	Phone

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

FORM 6B: School Mercury Checklist

Best Management Practices for Mercury are taken from the WDNR's "Green and Healthy Schools" 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 school completed a mercury products inventory for the entire school?
				2. Does your school have an action plan in place to eliminate mercury-containing items that were found as a result of the inventory?
Mercury Products				3. Has all elemental mercury been eliminated from classrooms at your school?
				4. Have all mercury compounds been eliminated from classrooms and storerooms?
				5. Have all mercury lab thermometers been eliminated from the classrooms?
				6. Have all mercury lab barometers been eliminated from the classrooms?
				7. Have all mercury fever thermometers been eliminated from the nurse's office?
				8. Have all mercury blood-pressure cuffs been eliminated from the nurse's office?
				9. Are all mercury-containing items being stored in airtight, unbreakable containers?
				10. Has the danger of a mercury spill been mitigated by having a mercury spill kit and trained staffed to use the kit?
Optional				11. If your school has completed any of these activities, check below: <input type="checkbox"/> Classroom presentations on mercury <input type="checkbox"/> Recycling of fluorescent bulbs <div style="float: right; margin-left: 200px;"> <input type="checkbox"/> Phase-out of mercury thermostats <input type="checkbox"/> Recycling of mercury batteries </div>

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 inquiry of the individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Name of Facility	Address	Size of Facility (Number of students, employees, or other)	
Printed Name of Official	Signature	Title	Date

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

General Outreach to All School and Educational Facilities

Outreach Accomplished	Outreach Planned

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

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

Sector Evaluation

Notes:

_____	% Implemented All BMPs
_____	% Scheduled to Implement All BMPs
_____	% In Compliance with Local Wastewater Limits
_____	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

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

FORM 7B: Industry Mercury Checklist

Best Management Practices for Mercury are Defined as Listed Below

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 policy statement that includes the reduction or virtual elimination of mercury?
				2. Has your facility developed a plan to phase-out mercury-containing devices?
				3. Has your facility implemented a chemical management program that includes pre-purchase review and approval?
				4. Has your facility established mercury management protocols for safe handling, mercury spill clean up procedures, disposal procedures, and education and training of employees about these protocols?
Devices				5. Has your facility inventoried all mercury-containing devices (such as switches, thermostats, etc)? **
				6. Has your facility labeled mercury-containing devices to recycle at the end of life? **
				7. Has your facility implemented a program to recycle fluorescent lamps? **
				8. Does your facility properly recover and recycle elemental mercury and mercury-containing products? **
Chemicals				9. Has your facility requested certificates of analysis for bulk chemicals known to have potential mercury contamination?
				10. Has your facility reduced the use of mercury-containing chemicals as much as feasible?
				11. If applicable, has your facility inventoried mercury-containing lab chemicals, thermometers and other devices with a plan for non-mercury product substitution?

** May not effect 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 inquiry of the individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Name of Facility	Address	Phone
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Printed Name of Official	Signature	Title	Date
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FORM 7C: Industry Compliance and Outreach Summary

General Outreach to All Industrial Facilities

Outreach Accomplished	Outreach Planned

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

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

Sector Evaluation

Notes:

_____ % Implemented All WW BMPs
 _____ % Scheduled to Implement All WW BMPs
 _____ In Compliance with Local Wastewater Limits
 _____ Total % Compliant (Industry Mercury PMP Score)

Enter on Form 10 under ID: Industry Sector Score

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)

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						
Date						
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.*

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

Enter on Form 10 under IIA: General Public Sector Score

Facility Size (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: _____

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:

_____ **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: _____

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						
Date						
Date						
Date						
Date						

Sector Evaluation

Notes:

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

Enter on Form 10 under IIC: Auto Switch Sector Score

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						
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.

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

Enter on Form 10 under IID: Fluorescent Bulb Sector Score

Facility Size (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>										
	<i>Dental</i>										
	<i>School</i>										
	<i>Industry</i>										
Other Community Sectors	<i>General Public</i>										
	<i>HVAC</i>										
	<i>Auto Switch</i>										
	<i>Fluorescent Bulb</i>										
	<i>Dairy Manometer</i>										
	<i>Other - Define</i>										

Sector Evaluation:

Notes:

_____ **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>										
	<i>HVAC</i>										
	<i>Auto Switch</i>										
	<i>Fluorescent Bulb</i>										
	<i>Dairy Manometer</i>										
	<i>Other - Define</i>										

Sector Evaluation:

Notes:

_____ **Number of Mercury Outreach Activities and Mercury Sector Accomplishments:** (Total boxes checked)
· Annual Report: Enter on Form 10 under IIIB: Extra-jurisdictional Score

FORM 10: Community Mercury PMP Score

Facility Name: _____

Report Date: _____

I. Wastewater Sectors: (Should 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)		x	(0.15)	=	
B: Dental (from Form 5C)		x	(0.50)	=	
C: School (from Form 6C)		x	(0.15)	=	
D: Industry (from Form 7C)		x	(0.20)	=	

Total Wastewater Sectors Score

* 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)		x	0.1	=	
B: HVAC (from Form 8B)		x	0.1	=	
C: Auto Switch (from Form 8C)		x	0.1	=	
D: Fluorescent Bulb (from Form 8D)		x	0.1	=	

Total Other Community Sectors Score

** 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)		x	0.1	=	
B: Extra-jurisdictional (from Form 9B)		x	0.1	=	

Total Other PMP Credits Score

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

IV. Community Mercury PMP Score:

Total Score

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