A+ Program Requirements

The City of Montrose is focusing its efforts on three categories for the A+ program.

- The Dental Industry
- The Restaurants
- The SIU's

On the following pages please find the requirements for the Industries.

The Dental Industry Best Management Practices (BMP's)

The Dentist needs to have an amalgam separator

The separator must be in working condition
- Can't be above the fill line
- Can't allow pass through

The waste must be handled properly because mercury is a RCRA U-Listed waste, this may include:

Recycle trap, filters and separator waste
Recycle extracted teeth with amalgam restorations

The Dentist must keep records of dates container was checked and replaced
- Must follow manufacture specs

The Dentist must certify all documents including:
- ID model and Manufacture, show location, ID the max flow the separator is designed to treat

Dentist must utilize a proper line cleaner
- No extreme pH
- No Bleach

DO NOT rinse screens or traps into the sewer

DO NOT put amalgam waste in Biohazard/Infectious waste bags or into the trash

Restaurant Best Management Procedures (BMP's)

The BMP for restaurants will be divided into two groups, indoor and outdoor grease traps.

OUTDOOR GREASE TRAPS

The restaurants, which contain outdoor grease traps, will follow the BMP's listed here:

Unless given a Change Authorization or Waiver Authorization* the restaurant will conform to pumping out their grease trap once a **QUARTER**.

The Restaurant will send in the grease report before the end of the quarter.

INDOOR GREASE TRAPS

The restaurants, which contain indoor grease traps, will follow the BMP's listed here:

Unless given a Change Authorization or Waiver Authorization* the restaurant will conform to cleaning out their grease trap at least twice a **MONTH**.

The restaurants will send in the grease report packet before the end of the quarter.

The restaurant will need to contact the IPP at the City of Montrose for a Packet. A sample packet is listed in Appendix B.

The quarters are as follows:

REPORTING PERIOD	REPORT DUE DATE
January 1st - March 31st	April 15th
April 1st - June 30th	July 15th
July 1st - September 30th	October 15th
October 1st - December 31st	January 15th

Restaurants may deliver information by requesting a pickup by calling the Industrial Pretreatment Program (IPP) at (970) 240-1451, fax the information to IPP at (970) 252-4751, or email to rtaylor@ci.montrose.co.us

*Change Authorization can be found in Appendix C; Waiver Authorization can be found in Appendix D.

Significant Industrial Users

The permitted SIU's will be expected to be compliant to the following BMPs:

The SIU's must not violate the terms of the permit at any time.

The SIU must understand and follow all procedures in a time of emergency.

The SIU must be punctual when turning in quarterly reports for two (2) years.

The SIU must not have significant violations during inspections.

Appendix A: Certification

All packets of information will contain the following:

The following certification will be included in all packets:

This reporting period is for the quarter year starting _____ and proceeds through _____ .
(mo/yr) *(mo/yr)*

I certify that I have reported all required information, I also recognize that there are significant penalties for making false statements, including criminal penalties.

I 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.

_____

(Signatory Official) *(Date)*

_____

(Print or type name and title)

Appendix B: Sample Packet for Indoor Grease Traps

Restaurant Name:

Date	Person Cleaning	Disposal
Date	Person Cleaning	Disposal
Date	Person Cleaning	Disposal
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Date	Person Cleaning	Disposal

I 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.

Signature_____

Appendix C: Change Authorization

Restaurant Name: _____

Address: _____

Owner: _____

Person to contact: _____

Phone Number: _____

Grease Hauling Company Name: _____

Grease Hauling Company Address: _____

Location of Grease Trap: Indoor Outdoor

Size of Grease Trap: _____

How often is grease removed: _____

How often should it be changed to: _____

ORDER MODIFICATION

This order may be modified, suspended, or revoked in whole or in part during its term, on account of;

1. Violation of any terms or conditions of this order;
2. Obtaining this order by misrepresentation or failure to fully disclose all relevant facts;
3. A change in any condition that required either a temporary or permanent reduction or elimination of the authorized discharge.
4. Changes in water quality standards, control regulation, or duly promulgated plans constitute a "change in any condition";
5. Changes in federal, state or city regulations;
6. Determination by the City to impose a slug control plan;

Any other circumstances that the city determines require such action.

PROHIBITION ON TRANSFER.

This order is not transferable.

----------OFFICE USE ONLY----------

Date of last inspection: _____

Last inspection pass: Yes No

If longer waiting period is requested has there been a check to the sewer system.

_____

(Date) (Location) (Time) (Any waste)

_____

(Date) (Location) (Time) (Any waste)

_____

(Date) (Location) (Time) (Any waste)

If Pictures are taken please attach files as well as file names here:

_____
_____
_____
_____
_____

The Grease Trap Change Authorization has been Denied for the following reasons:

_____
_____
_____
_____
_____
_____
_____

Please continue your grease trap cleanings on the previous schedule. If no schedule has been set please clean on a quarterly basis.

The Grease Trap Change Authorization has been Approved for the following schedule:

_____
_____
_____

_____

R. Bud Taylor- Industrial Pretreatment Coordinator
Industrial Pretreatment Program at the City of Montrose
Approval #_____

Appendix D: Waiver Authorization

Restaurant Name: _____

Address: _____

Owner: _____

Person to contact: _____

Phone Number: _____

ORDER MODIFICATION

This order may be modified, suspended, or revoked in whole or in part during its term, on account of;

1. Violation of any terms or conditions of this order;
2. Obtaining this order by misrepresentation or failure to fully disclose all relevant facts;
3. A change in any condition that required either a temporary or permanent reduction or elimination of the authorized discharge.
4. Changes in water quality standards, control regulation, or duly promulgated plans constitute a "change in any condition";
5. Changes in federal, state or city regulations;
6. Determination by the City to impose a slug control plan;

Any other circumstances that the city determines require such action.

PROHIBITION ON TRANSFER.

This order is not transferable.

The following restaurant has been Denied for the following reasons:

_____

_____

_____

_____

_____

A grease trap will be necessary for your business, if one is not installed please contact the Industrial Pretreatment Program at the City of Montrose for the next process at (970) 240-1451.

The Waiver Authorization has been Approved:

_____

R. Bud Taylor- Industrial Pretreatment Coordinator
Industrial Pretreatment Program at the City of Montrose

Approval #_____