

A+ Program Requirements

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

- Dental industry
- Restaurants
- Significant Industrial Users (SIUs)

On the following pages please find the requirements for industrial users.

Dental Industry Best Management Practices (BMPs)

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 manufacturer, 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 (BMPs)

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

Outdoor Grease Traps

Restaurants that have outdoor grease traps will follow the BMPs 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

Restaurants that have indoor grease traps, will follow the BMPs 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 Industrial Pretreatment (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 1 - March 31	April 15
April 1 - June 30	July 15
July 1 - September 30	October 15
October 1 - December 31	January 15

Restaurants may deliver information via email to mnorris@ci.montrose.co.us, by fax to 970-252-4751, or by calling the IPP at 970-240-1451 to request a pickup.

The Change Authorization form can be found in Appendix C and the Waiver Authorization form can be found in Appendix D.

Significant Industrial Users (SIUs)

The permitted SIUs will be expected to be compliant to the following:

- BMPs: The SIUs 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

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 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;
7. 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:

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;
7. 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**:

Industrial Pretreatment Coordinator
 Industrial Pretreatment Program at the City of Montrose

Approval # _____