



Association of
Metropolitan
Sewerage Agencies

TESTIMONY OF THE
ASSOCIATION OF METROPOLITAN SEWERAGE AGENCIES
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Presented by

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COMMITTEE ON GOVERNMENT REFORM

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*Testimony of Norman LeBlanc
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on behalf of the
Association of Metropolitan Sewerage Agencies*

Good afternoon Chairman Burton, Congresswoman Watson and members of the Subcommittee, my name is Norm LeBlanc. I am Chief of Technical Services for the Hampton Roads Sanitation District, in Virginia Beach, Virginia and Chair of the Association of Metropolitan Sewerage Agencies' (AMSA) Water Quality Committee. Founded in 1970, AMSA represents the interests of nearly 300 of the nation's wastewater treatment agencies, also known as publicly owned treatment works or POTWs. AMSA members serve the majority of the sewered population in the United States and collectively treat and reclaim over 18 billion gallons of wastewater every day.

Thank you for the opportunity to present AMSA's perspective on this very important issue. AMSA is actively engaged in the national dialogue on mercury. Through the efforts of its Mercury Workgroup, AMSA continues to explore effective and reasonable approaches to controlling mercury discharges to the nation's waters.

Mercury is an important issue that publicly owned treatment works have been tracking for over 20 years. The largest sources of mercury to the environment are air deposition from coal-fired utilities in the east and legacy mining wastes in the west. In its December 1997 *Mercury Study Report to Congress*, the U.S. Environmental Protection Agency (EPA) demonstrated that when compared to all other sources of mercury released to the environment, wastewater treatment facilities are a minor or *de minimis* source. Yet the regulatory focus has been on entities like POTWs that receive permits from the states or EPA to discharge to the nation's waters. The largest sources of mercury in the environment are, for the most part, unregulated.

Despite their *de minimis* contribution, over the past several years, more and more wastewater treatment agencies have begun to receive stringent numeric limits for mercury in wastewater discharge permits issued by the states or EPA. Because we have new, very sensitive analytical methods for detecting mercury in wastewater, many of these wastewater treatment agencies are experiencing difficulties in complying with the new limits, which are at the part per trillion level (a part per trillion is equivalent to a grain of sand in an Olympic-sized swimming pool). Studies conducted in Ohio and California have shown that even if POTWs install sophisticated, costly treatment similar to desalination technologies, in other words spend billions of dollars to remove a few pounds of mercury, it will not be possible to meet these stringent limits, and the treatment residue would be hazardous and difficult to manage.

I want to be clear that POTWs want to do their part in reducing mercury releases to the environment. But, it is important to recognize that wastewater treatment plants are not designed to remove toxics like mercury. In fact, the Clean Water Act recognizes that toxics are not to be removed by POTWs and mandates that the nation's wastewater treatment agencies implement pretreatment programs to remove toxic constituents before they enter the

treatment plant. Pretreatment programs recognize that it is more efficient to remove toxics at their sources rather than wait until they are diluted into millions of gallons of wastewater. Pretreatment programs seek out the toxics at their sources and place limits on the discharge of those toxics into the sewer system. A well-run pretreatment program is a POTW's first and, sometimes, only line of defense against toxic discharges and is critical for reducing mercury concentrations in wastewater discharged to the environment. In the case of mercury, most pretreatment programs ultimately recognize the need to address dental office discharges.

AMSA's Mercury Workgroup was formed to ensure that AMSA members have access to the latest information on mercury issues and to provide a venue for sharing expertise and experience. Where information has not been readily available, AMSA's Mercury Workgroup has conducted its own studies and generated its own reports to provide its members with the information they need to address mercury.

A March 2002 AMSA study entitled, *Mercury Source Control and Pollution Prevention Program Evaluation*, conducted under a cooperative agreement with EPA, found that on average, 35-40% of the mercury coming into a POTW's treatment plant is attributable to dental offices. While human waste and food products are significant sources of mercury, they are not controllable. Consequently, dental offices must be a component of most pretreatment efforts to control mercury. Pretreatment programs can approach the issue of dental office mercury control in many different ways, and AMSA believes that each community will choose the approach that works best for it. While some communities have chosen to approach the issue using voluntary, best management practices that dental offices are asked to implement, other communities are requiring dental offices to install equipment, such as amalgam separators, to remove the mercury contained in amalgam (e.g., silver) fillings before it enters the sewer system.

AMSA's March 2002 report on the effectiveness of traditional source control and pollution prevention efforts in decreasing the mercury discharges to POTWs concluded that while these efforts may significantly decrease the amount of mercury entering a wastewater treatment plant, pollution prevention and source control alone will not enable wastewater treatment agencies to meet extremely low mercury limits. More work is needed to evaluate the options available for controlling the amount of mercury entering POTWs and AMSA has recently begun a new, international study to evaluate the effectiveness of amalgam separators at reducing the mercury load from dental offices. This work will not be completed until the middle of 2005, but AMSA is certain that the results of the study will help to inform communities as they decide what approach is right for them.

AMSA recently had the opportunity to peer review an American Dental Association (ADA) assessment of the quantity of mercury nationwide that finds its way into the environment from dental offices. AMSA appreciated the ADA's invitation to review and comment on the report and assembled a team of wastewater treatment experts to review the document. While our review of the final report is still ongoing, I can tell you that many of AMSA's comments on the draft report were addressed in the final document. One of AMSA's primary concerns

with the initial draft of the report was the lack of acknowledgement that dental offices are a major source of mercury for POTWs. AMSA was pleased to see that in the final report, the ADA acknowledged that approximately 40-50% of the mercury received by POTWs comes from dentists. Nevertheless, some broader issues remain that we feel the final report could have addressed better, specifically the ADA's claim that dental amalgam separators are not needed in dental offices because the mercury captured by the separators would be the same mercury that is incidentally removed during wastewater treatment. AMSA's new study on amalgam separator effectiveness should shed some light on this issue.

AMSA and its members continue to do their best to minimize the discharge of mercury to POTWs from all sources, including dental offices. AMSA's Mercury Workgroup continues to develop resources and conduct studies to provide further insight into the mercury issue including the studies I mentioned previously and several other efforts, most notably our August 2000 report, *Evaluation of Domestic Sources of Mercury*, which highlighted that mercury from residential sources, including many household products and human wastes, can be a significant source of mercury to POTWs.

While AMSA strongly believes that, as necessary, each wastewater treatment agency should develop a program for controlling mercury from dental offices that meets the needs of its community, and that a single, national approach to controlling dental office mercury discharges will not provide the flexibility necessary to address the characteristics of each community, AMSA also understands that the mercury issue extends well beyond dental offices.

Mr. Chairman, mercury is a multi-media problem that AMSA believes demands a multi-media, multi-faceted solution. Only a national strategy for addressing the mercury problem as a whole, whether it is air deposition, mining wastes, federal stockpiles, or discharges to the nation's waters, will be able to ensure that the resources being applied to control mercury across the nation have a real impact on improving the environment and protecting public health. AMSA, therefore, continues to support legislation that would create a national task force or some other type of inter-agency working group to evaluate the issues surrounding mercury in the environment.

AMSA looks forward to working with you and your colleagues as well as the national and state dental associations on mercury issues and appreciates the opportunity to provide our expertise on mercury to the Subcommittee. At this time, I will be happy to answer any questions.