Mercury Pollutant Minimization Plan Report Cover Sheet

NPDES Permit Holder: Bad River Band of Lake Superior Chippewa Indians

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

Report Date: _____ Period Covered by This Report: _____

Name of Treatment Plant	NPDES Permit Number	Mercury Effluent Limit (ng/L)
Odanah SBR System	WI-0036587	Report Only (current)

Person to contact concerning information contained in this report:

Name: Philip Livingston

Title: Water & Wastewater Manager

Mailing Address: PO Box 39

City, State, Zip Code: New Odanah, WI 54861

Telephone No. 715-685-7878

E-mail: WaterSewerSupvr@badriver-nsn.gov

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

Mercury Pollutant Minimization Plan – Odanah (NPDES WI-0036587)

Implementation

The Bad River Water and Sewer Utility has reviewed the connections to the Odanah Community Sewer System and identified the most likely contributors to mercury in the influent wastewater stream to the Sequencing Batch Reactor (SBR) Wastewater Treatment Facility (WWTF). These facilities are as follows:

- Public Safety Building – 53923 Birch Street
- Chief Blackbird Center – 72682 Maple Street
- Bad River Roads and Maintenance – 73439 Maple Street
- Community Center – 72772 Elm Street
- Bad River Lodge & Casino – 73370 US Hwy 2
- Moccasin Trail Center – 73430 US Hwy 2
- Bad River Health and Wellness Center – 53585 Nokomis Road
- Bad River Elderly Building – 53508 Nokomis Road
- Bad River Head Start – 53552 Abinoogiiyag Road

The Utility will request a copy of Safety Data Sheets (SDS) for the compounds used in the everyday operation and maintenance at the facility. The Utility will review this documentation to identify any significant contribution to wastewater mercury.

Utility staff will then distribute the Facility Mercury Checklist to the facility manager and request the completed form(s) returned to the Utility Office at:

Philip Livingston, Water and Wastewater Manager
PO Box 39
Odanah, WI 54861

Proposed delivery and response dates for the checklists are described in the table below. Delivery and return of the checklists will be recorded on the applicable Facility Compliance and Outreach Summary for the facility. Based on the responses provided in the checklists, the Utility will rank the potential mercury contribution and work with the higher contributor facilities in reducing the contamination. The majority of the buildings on this WWTF are non-residential, non-industrial community buildings (refer to details above). The Bad River Health and Wellness Center includes dental services. If based on the completed surveys there is (are) not evident mercury contribution(s) to the wastewater stream, the Utility will implement a testing protocol in the community collection system, starting with sampling of the three lift station basins or wet wells. If these sampling results indicate additional sample collection is warranted, the collection system maps will be reviewed at this step to identify representative sample points. It is anticipated this testing will eventually be able to be narrowed from lift station wet wells to manholes to pinpoint problem areas in the collection system and allow the Utility to focus their sampling and enforcement efforts.

The Bad River Water and Sewer Utility will continue to monitor mercury at this WWTF and has implemented measures to improve mercury monitoring techniques. Mercury sampling will be conducted in accordance with the Standard Operating Procedure (SOP) for Total Mercury Sampling – Wastewater Treatment Facilities. The SOP describes the Quality Assurance (QA) / Quality Control (QC) requirements, which will be followed and includes field duplicates and blanks. The minimum training level for the staff who are involved in the sampling efforts (or samplers) are to complete a training of the sampling collection and handling methods as described in the SOP; the training will be implemented by the Water and Wastewater Manager or another qualified trainer.[1] Records will be maintained to document the level of training for all samplers.

[1] Water and Wastewater Manager and other staff received a refresher training from U.S Geological Survey on May 13, 2026.

Following is a summary of the proposed schedule of tasks identified above along with other tasks applicable to this WWTF:

TASK	PROPOSED COMPLETION DATE
Monitor for mercury in the influent and effluent of the WWTF following the SOP	Quarterly (4 times per year)
Request Safety Data Sheets (SDS) for major compounds used for everyday operation and maintenance from the facilities identified above. In subsequent years, ask for any changes in SDS and major compounds used.	2/13 of each year
Review the SDS documentation to identify significant contributors of mercury to the wastewater stream.	3/13 of each year
Distribute Mercury Checklists to the facilities listed above. In subsequent years, ask for any changes to prior year's checklist.	3/17 of each year
Mercury Checklists due to Utility (including noting changes from prior year's checklist)	3/31 of each year
Ranking of mercury contributors based on surveys	4/30 of each year
Outreach/education/enforcement for major contributors (as applicable). This will consist of a meeting, email, letter, and/or other communication with an entity as appropriate.	5/31 of each year
Inspections of maintenance records of the mercury amalgam separate at the Health and Wellness Center's dental facility	5/31 of each year
Outreach/education to the Reservation community on household products that contain mercury and the proper disposal of these products. This will consist of a flyer, an article in a tribal newsletter, and/or display at a community event.	8/31 of each year
Complete a dashboard survey of the service area to look for other potential sources of mercury to the WWTF. Complete follow up (outreach/education/enforcement/etc.) as appropriate if potential sources are identified; this will consist of a meeting, email, letter, and/or other communication with an entity as appropriate.	9/30 of each year for the survey and if any potential sources identified, follow up completed within 45 days
Selective community collection sampling (as applicable). See above for details.	9/30/2027
Sample mercury amalgam separator at the Health and Wellness Center's dental facility quarterly for one year starting 1/2027 (corresponding with influent/effluent sampling at the Odanah SBR System, which is scheduled for the first month of each quarter).	12/31/2027
Outreach/education/enforcement for contributors identified through additional collection system sampling (as applicable); this will consist of a meeting, email, letter, and/or other communication with an entity as appropriate.	12/31/2027
Submit Mercury PMP Status Report to EPA summarizing implementation actions and any changes in the PMP for the subsequent year.	1/31 of each year starting in 2027

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School and Educational Facility Inventory[1]

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.

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: ____Classroom presentations on mercury ____Recycling of fluorescent bulbs _____Phase-out of mercury thermostats _____Recycling of mercury batteries

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 (# of students, employees, other)

Printed Name of Official Signature Title Phone Date

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	Wastewater Analysis	Outreach Accomplished	Outreach Planned

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

Notes:

Industry and Business Inventory[1]

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).

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

Name of Facility Address Phone

Printed Name of Official Signature Title Date

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.

Notes:

Medical Facility Inventory[1]

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).

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)

Printed Name of Official | Signature | Title | Phone | Date

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.

Notes:

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.

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)

_____

Printed Name of Official Signature Title Phone Date

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.

Notes:

Mercury Pollutant Minimization Plan Summary of Resources

1. Person(s) implementing PMP	Title
Philip Livingston	Utility Manager
Other Staff Names Redacted	Office Manager
	Operator
	Operator

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.

Recycling Option	Frequency of Availability
Battery recycling boxes are available at a minimum of 1 location within tribal buildings on the Reservation, which allows community drop off (Tribe's Natural Resources Department (NRD).	Ongoing during business hours throughout the year
E-waste recycling is typically available to the tribal community throughout the Reservation as part of the Tribe's spring cleanup event (as funding allows). (Tribe's Recycling/Solid Waste Facility with support from NRD)	Annually (Spring)
E-waste recycling is available for a fee at the Tribe's Recycling/Solid Waste facility. This facility also collects and manages other waste for a fee.	Ongoing during business hours throughout the year

*Options also include opportunities off the Reservation, such as Clean Sweep events offered by counties for residents (annually) and waste management facilities (ongoing during business hours throughout the year with fees charged).

[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.