

INDUSTRIAL USER PRETREATMENT SCREENING INSPECTION REPORT

Inspection Entry Date/Time	11/19/2024 – 9:45 AM	Announced: No	
Inspection Exit Date/Time	11/19/2024 – 10:30 AM	Access: Granted	
Weather	60 degrees Fahrenheit and overcast.		
Media	Water		
Statute(s)/Program(s)	Clean Water Act, NPDES		
Type of Inspection	Industrial User Screening Inspection (Pretreatment Direct Implementation)		
Facility or Site Name	G.F. Auto Repair, Inc.		
Facility/Site Physical Address	1803 North Main Street		
City, State, Zip Code	Wheaton, Illinois 60187		
County/Borough/Parish	DuPage County		
Facility GPS Coordinates	41.88319, -88.10598		
Mailing Address (If different)	Same		
City, State, Zip Code	Same		
Owner (If different than facility)	John Ghdey	Operator (If Different than Owner) Manager Owner's Son	
Address	Same as above	Same	
City, State, Zip Code			
Location in WWTP Service Area (Yes – Name of WWTP/ or N/A)	Wheaton Sanitary District		
FRS ID	ILP000495		
Permit Number(s) (If Applicable)	No Permit		
SIC and/or NAICS	7538		
Lead Inspector			
Name: Cheryl Burdett	Signature/Date: CHERYL BURDETT Digitally signed by CHERYL BURDETT Date: 2024.12.12 16:03:26 -06'00'		
	Region: EPA Region 5	Email: Burdett.cheryl@epa.gov	Telephone Number: 312-886-1463

Supervisor Review

Name: Ryan J. Bahr	Signature/Date: Digitally signed by Ryan Bahr Date: 2024.12.12 16:18:22 -06'00' Ryan Bahr		
	Region: EPA Region 5	Email: Bahr.ryan@epa.gov	Telephone Number: (312) 353-4366

Site Entry/Opening Conference and Inspection Objectives

EPA Region 5 Inspectors, Cheryl Burdett and Ellie Demilt arrived at G.F. Automotive Repair, Inc. (the “Facility”), located at 1803 North Main Street Wheaton, Illinois 60186 at 9:45 AM CT on 11/19/2024 for an unannounced inspection. EPA Region 5 Lead Inspector, Cheryl Burdett presented credentials to John Ghdey. EPA Region 5 Lead Inspector Cheryl Burdett informed the facility representative that this was a US EPA Region 5 Industrial User Screening Inspection to gather information on the facility, its industrial processes, its generation and management of on-site industrial process wastewater and any on-site pretreatment systems to treat process wastewater prior to discharge or disposal as authorized by Clean Water Act (CWA) Section 308 and implementing regulations. Following the presentation of credentials, the EPA representatives conducted an opening conference with the Facility representatives (See table below). Lead Inspector Cheryl Burdett stated the purpose of the inspection again and explained that they would be completing a checklist of operational questions. In addition to the review of questions, EPA inspectors discussed the right of G.F. Automotive Repair, Inc. to claim Confidential Business Information (CBI) on any document shared with EPA during or after the inspection. G.F. Automotive Repair, Inc. did not make any CBI claims during or after the inspection.

This report is based on information supplied by G.F. Automotive Repair, Inc. representatives, direct observations made by the EPA Region 5 inspector(s), and records and reports maintained by the Facility and Region 5 including: verbal or written statements provided by G.F. Automotive Repair, Inc. representatives during or subsequent to the inspection; and materials, process information, data, or other documents shown, demonstrated, or submitted to the EPA Region 5 inspectors by G.F. Automotive Repair, Inc. representatives during or subsequent to the on-site inspection. In addition, information gathered prior to or subsequent to the Inspection from a review of EPA, State, and/or public records may be included in this report.

Attendees (US EPA, Facility, State, Local)

Organization	Attendee Name	Title	Contact Information	Present Opening	Present Closing
EPA Region 5	Cheryl Burdett	Inspector	Burdett.cheryl@epa.gov 312-886-1463	Yes	Yes
EPA Region 5	Ellie Demilt	Inspector	Demilt.elizabeth@epa.gov 312-959-2256	Yes	Yes
GF Automotive Repair, Inc.	John Ghdey	Manager	Admin@Gfautomotiverepair.com 630-510-7700	Yes	Yes

SECTION II – INDUSTRIAL USER SCREENING CHECKLIST

SECTION II.A – Business Activity/Category

1.	If the facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), place a check beside that category or business activity. Check all that apply.
☐ Airport Deicing	☐ Leather Tanning and Finishing
☐ Aluminum Forming	☐ Meat and Poultry Products
☐ Asbestos Manufacturing	☐ Metal Finishing
☐ Battery Manufacturing	☐ Metal Molding and Casting (Foundries)
☐ Canned and Preserved Fruit and Vegetable Processing	☐ Metal Products and Machinery
☐ Canned and Preserved Seafood Processing	☐ Mineral Mining and Processing
☐ Carbon Black Manufacturing	☐ Nonferrous Metals Forming
☐ Cement Manufacturing	☐ Nonferrous Metals Manufacturing
☐ Centralized Waste Treatment	☐ Oil and Gas Extraction
☐ Coal Mining	☐ Ore Mining and Dressing
☐ Coil Coating	☐ Organic Chemicals, Plastics, and Synthetic Fibers
☐ Concentrated Animal Feeding Operation and Feedlots	☐ Paint Formulating
☐ Concentrated Aquatic Animal Production	☐ Paving and Roofing Manufacturing
☐ Construction and Development	☐ Pesticide Chemicals
☐ Copper Forming	☐ Petroleum Refining
☐ Dairy Product Processing or Manufacturing	☐ Pharmaceutical Manufacturing
☐ Dental Office	☐ Phosphate Manufacturing
☐ Electrical and Electronic Components Manufacturing	☐ Photographic Processing
☐ Electroplating	☐ Plastics Molding and Forming
☐ Explosives Manufacturing	☐ Porcelain Enameling
☐ Fertilizer Manufacturing	☐ Pulp, Paper, and Paperboard Manufacturing
☐ Ferroalloy Manufacturing	☐ Rubber Manufacturing
☐ Glass Manufacturing	☐ Soap and Detergent Manufacturing
☐ Grain Mills	☐ Steam Electric Power Generating
☐ Gum and Wood Chemicals Manufacturing	☐ Sugar Processing
☐ Hospital	☐ Textile Mills
☐ Ink Formulating	☐ Timber Products
☐ Inorganic Chemicals Manufacturing	☐ Transportation Equipment Cleaning
☐ Iron and Steel Manufacturing	☐ Waste Combustors
☐ Landfill	☐ Other Specify:
2.	Date of facility construction/operation start date or date(s) of significant process changes (for purposes of existing/new source designation if applicable): MM/YYYY Or MM/DD/YYYY_____ On-line search says the Buisness opened on June 15, 2001.

Section II.B – Facility Sewer Information

1.	Is the facility presently connected to a public or private sanitary sewer system? ☐ Yes/Private ☒ Yes/Public ☐ No		
	If Yes: Are any process wastewater streams discharged directly to the public or private sewer system? ☐ Yes ☒ No		
	Does the facility have a permit with the local POTW or are they a co-permittee on a permit to discharge untreated process wastewater to the public sewer system? ☐ Yes ☐ No		
	If yes: POTW/WWTP Name <u>Wheaton Sanitary District</u> , Permit # <u>No Permit</u>		
	If No, have you applied for a sanitary sewer connection? ☒ Yes ☐ No		
2.	Is there an on-site treatment system for process wastewater? ☐ Yes ☒ No (If yes, also See Section II.H)		
	If Yes: Does the treatment system effluent discharge to the public sewer system? ☐ Yes ☒ No		
	If Yes: Does the facility have a permit to discharge the effluent to the public sewer system?		
	☐ Yes ☐ No If Yes: Permit # _____		
3.	List the location, diameter, and average flow of each discharge pipe that connects to the sanitary sewer system.		
	Location of Sewer Connection	Diameter of Pipe (inches)	Average Flow (gpd)
	Bathroom Floor Drains	Estimated it to be 4" pipes	Not sure of the average flow.
	One Sink Drain	Estimated it to be 4" pipe	Not sure of the average flow.

Section II.C – Facility Operational Characteristics

1.	Provide the following shift information:							
		Mon	Tue	Wed	Thu	Fri	Sat	Sun
	Shifts per workday	8AM – 6 PM	8AM – 6PM	8AM – 6PM	8AM-6PM	8AM-6PM	8AM-6PM	Closed
2.	Indicate whether the business activity is:							
	☒ Continuous throughout the year							
	☐ Seasonal Months when business operates: ☐ J ☐ F ☐ M ☐ A ☐ M ☐ J ☐ J ☐ A ☐ S ☐ O ☐ N ☐ D							
3.	Indicate whether the facility discharge is:							
	☒ Continuous throughout the year – Discharge of Sanitary Waste from Bathrooms and Sinks.							
	☐ Seasonal Months when discharges occur: ☐ J ☐ F ☐ M ☐ A ☐ M ☐ J ☐ J ☐ A ☐ S ☐ O ☐ N ☐ D							
4.	List types and amounts (mass or volume per day) of raw materials used or planned for use:							
	Raw Material				Amount			
	Oil				Not sure of the amount			
	Transmission Fluid				Not sure of the amount			
	Brake Fluid				Not sure of the amount			
	Coolant				Not sure of the amount			

Section II.C – Facility Operational Characteristics (Continued)

5.	List types and quantities (mass or volume per day) of chemicals used or planned for use:	
	Chemical	Quantity
	Same as what is listed in table 4	
6.	Brief general description of all operations at this facility (detailed process unit information noted in Section II.F).	

	Emission and smog testing, diagnostics, cooling systems flush, engine flush, alignment services, brake replacement and repair, tune-ups, Air conditioning repair, oil changes, tire care, and transmission overhauls.
7.	Request copies of the process diagram, flow diagram, and/or general facility diagram (if previous responses warrant more detailed information to understand the processes, flows or sewer connections). ☐ Yes ☒ No

Section II.D – Spill Prevention

1.	Do you have liquid storage containers (tanks, drums, totes, bins, ponds, etc.) at your facility? ☒ Yes ☐ No							
2.	Do you have floor drains in the manufacturing area or where liquids are stored? ☒ Yes ☒ No If yes, where do floor drains drain to? There is floor drain near the work sink, but according to the Facility Manager, the liquids cannot flow into the drain that flows to Wheaton Sanitary District.							
3.	Indicate whether an accidental spill at your facility could lead to a discharge to any of the following. Check all that apply. Not applicable. <table border="1" data-bbox="162 871 1521 1029"> <tr> <td data-bbox="162 871 730 924">☐ On-site disposal/treatment system</td> <td data-bbox="730 871 1521 924">☐ Ground (outside)</td> </tr> <tr> <td data-bbox="162 924 730 976">☐ Public sanitary sewer system</td> <td data-bbox="730 924 1521 976">☐ Floor (inside)</td> </tr> <tr> <td data-bbox="162 976 730 1029">☐ Storm drain</td> <td data-bbox="730 976 1521 1029">☐ Other – Specify:</td> </tr> </table>		☐ On-site disposal/treatment system	☐ Ground (outside)	☐ Public sanitary sewer system	☐ Floor (inside)	☐ Storm drain	☐ Other – Specify:
☐ On-site disposal/treatment system	☐ Ground (outside)							
☐ Public sanitary sewer system	☐ Floor (inside)							
☐ Storm drain	☐ Other – Specify:							
4.	Does facility have a spill prevention plan to prevent spills of liquids from entering the Control Authority's collection/sewer system? Spill kit that contains absorbent material for any oil or other vehicle liquid spills. ☐ Yes ☐ No ☒ N/A (No potential for spill to discharge to public sewer/collection system)							

Section II.E – Water Supply

1.	Water Source:		
	☒ Municipal Water Utility	Specify: City water	
	Name as listed on water bill: GF Auto Repair		
	Address: 1803 North Main Street Wheaton, IL		
	☐ Private Well		
	☐ Surface Water		
	☐ Other:		
2.	Provide the following information for all water usage at the facility:		
	Type of Water Use	Average Water Usage (gpd)	Estimated or Measured
	☒ Sanitary	100 (on water bill)	Measured 100
	☐ Non-contact cooling water		
	☐ Boiler feeding		
	☐ Process		
	☐ Equipment/facility washdown		
	☐ Contact cooling water		
	☐ Air pollution control		
	☐ Irrigation and lawn watering		
	☐ Contained in product		
	☐ Other:		
	Total:		

Section II.F – Wastewater Discharge Information

1.	Provide the following information for all wastewater generated (gallons per day - GPD) at the facility:					
	Type of Wastewater	Average Volume (GPD)	Maximum Volume (GPD)	Estimated or Measured	Type of Discharge	Discharges To
	☒ Sanitary	100	Not sure	100 – Measured	Sanitary	Wheaton Sanitary District
	☐ Non-contact cooling water					
	☐ Boiler blowdown					
	☐ Process wastewater	Use table below.				
	☐ Equipment/facility washdown					
	☐ Contact cooling water					
	☐ Air pollution control					
	☐ Stormwater runoff					
	☐ Other:					

Section II.F – Wastewater Discharge Information (Continued)

2.	Provide the following information for process wastewater generated by each unit process:						
	Unit Process Description	Average Wastewater Generated (gpd)	Maximum Wastewater Generated (gpd)	Estimated or Measured	Type of Discharge	Discharges To	
	No discharge of process wastewater						
3.	Flow Rates for discharge of process wastewater to the sanitary sewer system: Not applicable.						
	Average daily flow rate (gpd):			Maximum daily flow rate (gpd):			
	Peak hourly flow rate (gpd):						
	Hours per day of wastewater discharge to sanitary sewer system: (e.g., 8)						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
4.	Do batch discharges to the sanitary sewer system occur (or will occur)? ☐ Yes ☒ No						
	Number of batch discharges per time period (specify per day, week, month, etc.):						
	Average volume per batch discharge (gal):						
	Flow rate (gpm):						
5.	Do you have (or plan to have) continuous wastewater flow metering equipment at this facility? ☐ Yes ☒ No						
6.	Do you have (or plan to have) automatic sampling equipment at this facility? ☐ Yes ☒ No						
	If yes, describe the present or future location of the automatic sampling equipment and describe the equipment:						

Section II.F – Wastewater Discharge Information (Continued)

7.	Has the discharge at this facility changed historically? ☐ Yes ☒ No Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics (i.e., substantially increase/decrease flow characteristics/flow rates) to the sewer in the future? ☐ Yes ☒ No If yes, briefly describe these changes and their effects on the wastewater volume and characteristics:
8.	Are any recycling or reclamation systems in use or planned? ☐ Yes ☒ No If yes, briefly describe the recovery process, substance recovered, percent recovered, and the concentration in the spent solution:

Section II.G – Slug Discharge Control

1.	Do you have the potential for a slug discharge to the sewer system? ☐ Yes ☒ No A slug discharge is any discharge of a non-routine episodic nature, including but not limited to an accidental spill or a non-customary batch discharge, which has a reasonable potential to cause interference or pass-through, or in any other way violate the POTW's regulations, local limits, or permit conditions [40 CFR 403.8(f)(2)(v)].
2.	Describe the type of potential slug discharge, including quality and content.
3.	Describe the current mechanisms for prevention of slug discharges.

Section II.H – Treatment

1.	Is any form of process wastewater treatment (see list below) used at this facility? ☐ Yes ☒ No If yes, place a check beside the treatment devices or processes that are used (or will be used) for treating wastewater or sludge at this facility. Check all that apply.		
	☐ Air flotation	☐ Grease trap	☐ Screen
	☐ Centrifuge	☐ Grinding filter	☐ Sedimentation
	☐ Chemical precipitation	☐ Grit removal	☐ Septic tank
	☐ Chlorination	☐ Ion exchange	☐ Solvent separation/recovery

☐ Cyclone	☐ Neutralization, pH correction	☐ Spill protection
☐ Filtration	☐ Ozonation	☐ Sump
☐ Flow equalization	☐ Reverse osmosis	☐ Rainwater diversion or storage
☐ Grease or oil separation		
☐ Biological treatment: Specify		
☐ Other chemical treatment: Specify		
☐ Other physical treatment: Specify		
☐ Other: Specify		

2. Do you have a treatment operator(s)? ☐ Yes ☒ No

If yes, provide the following information:

Name:	Operator Class/Type:	
Title:	Hours:	Phone:
Name:	Operator Class/Type:	
Title:	Hours:	Phone:
Name:	Operator Class/Type:	
Title:	Hours:	Phone:
Name:	Operator Class/Type:	
Title:	Hours:	Phone:

3. Is any form of wastewater treatment (or changes to existing wastewater treatment) planned for this facility within the next three years? ☐ Yes ☒ No

If yes, describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer and estimated completion dates.

4. Does the process wastewater treatment system effluent discharge to a surface waterbody? ☐ Yes ☒ No

If Yes: Does the facility have a permit to discharge the effluent directly to a waterbody?

☐ Yes ☐ No If Yes: Permit # _____

Section II.I – Non-Discharged Wastes

1.	Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system? ☒ Yes ☐ No		
	If no, skip the remainder of Section II.I.		
	If yes, list in the table below:		
	Waste Generated	Quantity (per year)	Disposal Method
	Engine Oil	Not sure of the quantity	Hauled off by a third party - Southwest Oil
	Transmission Fluid	Not sure of the quantity	Hauled off by a third party - Southwest Oil
	Brake Fluid	Not sure of the quantity	Hauled off by a third party – Southwest Oil
2.	If any facility wastes are sent to an off-site centralized waste treatment facility, identify the facility and the wastes that it receives.		
3.	If an outside firm removes any of the wastes, list the name, address, and permit number of all waste haulers:		
	Name	Address	Permit Number (if applicable)
	Southwest Oil	7080 Highland Drive Morris, Illinois 60450	Not sure of the permit number or if they have a permit.
4.	Have you been issued any federal, state, or local environmental permits? ☐ Yes ☒ No		
	If yes, list the permits:		
5.	Describe where and how waste liquids and sludges are stored prior to disposal.		
	The waste is stored in a drum and then hauled off by Southwest oil when contacted.		

SECTION III – CLOSING CONFERENCE AND FOLLOW UP

Closing Conference

The EPA Region 5 Lead Inspector, Cheryl Burdett, held a closing conference with G.F. Automotive Repair, Inc. at 10:15 AM CT on 11/19/2024. During the closing conference, EPA Region 5 Lead Inspector Cheryl Burdett restated the purpose of the inspection survey and explained that a copy of the final survey

inspection checklist will be provided to G.F. Automotive Repair, Inc. EPA provided Mr. Ghdey with the EPA Small Business Handout.

At the time of the inspection, EPA did not request any follow up documents.

Communication Log

EPA did not receive any additional information following the inspection.

Intentionally Left Blank