

Inspection Entry Date/Time	1/13/2025 1:00	☐ AM ☒ PM ☒ CT ☐ ET Announced: ☐ Y ☒ N
Inspection Exit Date/Time	1:33	☐ AM ☒ PM ☒ CT ☐ ET Access Granted: ☒ Y ☐ N
Weather		
Media	Water	
Statute(s)/Program(s)	Clean Water Act, National Pollutant Discharge Elimination System (NPDES)	
Type of Inspection	Industrial User Screening Inspection (Pretreatment Direct Implementation)	

Facility or Site Name	Prime Dental Care
Facility/Site Physical Address	178 East Golf Road
City, State, Zip Code	Schaumburg, IL 60173
County/Borough/Parish	Cook
Facility GPS Coordinates	
Mailing Address (If Different)	
City, State, Zip Code	
Owner (If Different from Facility)	Dr. Nari Cho
Operator (If Different from Owner)	
Address	
City, State, Zip Code	
Serviced by WWTP?	

FRS ID	
Permit Number(s)	
SIC and/or NAICS Code	8021

Lead Inspector	Supervisor Review
Name: Joseph Forth	Name: Molly Smith
Region: EPA Region 5	Region: EPA Region 5
Email: Forth.Joseph@epa.gov	Email: Smith.Molly@epa.gov
Phone: (312) 886-7275	Phone: (312) 353-8773
Signature & Date: Forth, Joseph  Digitally signed by Forth, Joseph Date: 2025.03.06 14:45:10 -06'00'	Signature & Date: MOLLY SMITH  Digitally signed by MOLLY SMITH Date: 2025.03.10 09:38:36 -05'00'

SECTION I - INTRODUCTION

Site Entry/Opening Conference and Inspection Objectives

EPA Region 5 Inspectors Joseph Forth and Justin Meyers arrived at Prime Dental Care (the "Facility"), located at 178 E. Golf Rd, Schaumburg, IL 60173 at 1:00 PM CT on for an unannounced inspection.

EPA Region 5 Lead Inspector Joseph Forth [Error! Reference source not found.:](#)

- ☒ Presented credentials to Prime Dental Care.
- ☒ Informed the Facility that this was a US EPA Region 5 Industrial User Screening Inspection to gather Facility information, including on its industrial process and wastewater management as authorized by Clean Water Act (CWA) Section 308 and implementing regulations.
- ☒ Discussed the right to claim Confidential Business Information (CBI) on any document or information shared with EPA during or after the inspection.

The EPA representatives conducted an opening conference with the Facility representatives (See table below) explaining the information gathering checklist.

This report is based on information gathered prior to, during, or subsequent to the inspection. The information was either supplied by the Facility, directly observed by EPA Region 5 inspector(s), or obtained through records and reports maintained by the Facility and Region 5. Records and reports may include verbal or written statements provided by the Facility, materials, process information, data, or other documents shown, demonstrated, or submitted to the EPA Region 5 inspectors. In addition, information gathered from EPA, State, and/or public records may be included in this report.

Attendees (US EPA, Facility, State, Local)

Organization	Attendee Name	Title	Contact Information Email	Present at Opening Conference	Present at Closing Conference
EPA Region 5	Joseph Forth	Lead Inspector	Forth.Joseph@epa.gov	Yes	Yes
EPA Region 5	Justin Meyers	Inspector		Yes	Yes
Prime Dental	Andrea Guerrero	Receptionist		Yes	No
Prime Dental	Dr. Nari Cho	Dentist	Nari.Cho@primedental.care	No	Yes

SECTION II – INDUSTRIAL USER SCREENING CHECKLIST**SECTION II.A – Business Activity/Category**

1.	Provide a brief general description of all operations at this facility (detailed process unit information noted in Section II.F). General dentistry, implants, orthodontics and restorative work.	
2.	Does the Facility have an available process diagram, flow diagram, and/or general facility diagram that can be viewed by the inspectors? ☐ Yes ☒ No	
3.	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

SECTION II.A – Business Activity/Category (Continued)

☐ 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:

4.	Date of Facility Construction:	2017
	Start Date of Current Operations or Date(s) of Significant Process Changes:	2017
	Date of Last Facility Ownership Change(s):	2017

Section II.B – Facility Sewer Information

1.	a. Is the facility connected to a public or private sanitary sewer system? ☐ Yes (Private) ☒ Yes (Public) ☐ No b. IF YES: Are any process wastewater streams discharged directly to the public or private sewer system? ☒ Yes ☐ No c. IF YES: Does the facility have a permit with a Publicly Owned Treatment Works (POTW) or are they a co-permittee on a permit to discharge process wastewater to the public sewer system? ☐ Yes ☒ No	
2.	a. Is there an on-site treatment system for process wastewater? ☒ Yes ☐ No (IF YES: Also See Section II.H) IF YES: b. Does the on-site treatment system effluent discharge to the public sewer system? ☒ Yes ☐ No c. Does the on-site treatment system effluent discharge to a surface waterbody? ☐ Yes ☒ No d. Does the facility have a permit to discharge the effluent directly to a waterbody? ☐ Yes ☒ No Permit Number(s):	
3.	List the location and average flow of each discharge pipe that connects to the sanitary sewer system.	
	Location of Sewer Connection	Average Flow (gpd)
	Unknown	

1. Hours of Operation: MWF – 9:00 AM – 6:00PM Th – 10:00 AM – 7:00PM							
Shift Information	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Shifts Per Workday	1		1	1	1		
2. Indicate whether the business activity is:							
☒ Continuous throughout the year							
☐ Seasonal	Months in operation: ☐ J ☐ F ☐ M ☐ A ☐ M ☐ J ☐ J ☐ A ☐ S ☐ O ☐ N ☐ D						
3. Indicate whether the facility discharge is:							
☒ Continuous throughout the year							
☐ 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			
N/A							
5. List types and quantities (mass or volume per day) of chemicals used or planned for use:							
Chemical				Quantity			
Line/tube cleaners				1 gallon			
6. Were copies requested of the process diagram, flow diagram, and/or general facility diagram? ☐ Yes ☒ No							

Section II.D – Spill Prevention

1.	Does the facility have liquid storage containers onsite (tanks, drums, totes, bins, ponds, etc.)? ☐ Yes ☒ No List Types:	
2.	Does the facility have floor drains in the manufacturing area or where liquids are stored? ☐ Yes ☒ No IF YES: Describe where they drain to:	
3.	Could an accidental spill at the facility lead to any of the following discharges? Check all that apply.	
	☐ 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? ☐ 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 of Schaumburg/MWRD		
	☐ Private Well		
	☐ Surface Water		
	☐ Other: Specify:		
2.	Provide the following information for all water usage at the facility:		
	Type of Water Use	Average Water Usage (gpd)	Estimated or Measured
	☒ Sanitary	Unknown	
	☐ Non-contact cooling water		
	☐ Boiler feeding		
	☒ Process	3 gpd	Estimated
	☐ Equipment/facility washdown		
	☐ Contact cooling water		
	☐ Air pollution control		
	☐ Irrigation and lawn watering		
	☐ Contained in product		
	☐ Other:		
	Total:		

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	Where Discharges To
☒ Sanitary					
☐ Non-contact cooling water					
☐ Boiler blowdown					
☐ Equipment/facility washdown					
☐ Contact cooling water					
☐ Air pollution control					
☐ Stormwater runoff					
☐ Process wastewater	Use Table Below (II.F – 2)				
☐ Other:					
☐ Other:					
2. Provide the following information for process wastewater generated by each unit process:					
Unit Process Description	Average Volume (GPD)	Maximum Volume (GPD)	Estimated or Measured	Type of Discharge	Where Discharges To
3. 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):					

Section II.F – Wastewater Discharge Information (Continued)

4.	a. Does the facility have (or plan to have) continuous wastewater flow metering equipment? ☐ Yes ☒ No b. Does the facility sample wastewater? ☐ Yes ☒ No IF YES: c. Are Grab Samples Collected? ☐ Yes ☐ No d. Are Composite Samples Collected? ☐ Yes ☐ No e. Are there plans to add sampling activities for process wastewater? ☐ Yes ☒ No f. Describe the present or planned future location(s) for process wastewater sampling and describe the equipment used to sample (i.e. auto samplers/manual collection): 																
5.	Describe the flow rates for discharge of process wastewater to the sanitary sewer system: Unknown <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Average Daily Flow Rate (GPD):</td> <td style="width: 50%; padding: 5px;">Maximum Daily Flow Rate (GPD):</td> </tr> </table> Hours per day of process wastewater discharge to sanitary sewer system: (e.g., 8): <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 12.5%; padding: 5px;">Mon</td> <td style="width: 12.5%; padding: 5px;">Tue</td> <td style="width: 12.5%; padding: 5px;">Wed</td> <td style="width: 12.5%; padding: 5px;">Thu</td> <td style="width: 12.5%; padding: 5px;">Fri</td> <td style="width: 12.5%; padding: 5px;">Sat</td> <td style="width: 12.5%; padding: 5px;">Sun</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Average Daily Flow Rate (GPD):	Maximum Daily Flow Rate (GPD):	Mon	Tue	Wed	Thu	Fri	Sat	Sun							
Average Daily Flow Rate (GPD):	Maximum Daily Flow Rate (GPD):																
Mon	Tue	Wed	Thu	Fri	Sat	Sun											
6.	Has the discharge at this facility changed historically? ☐ Yes ☒ No IF YES: Briefly describe these changes and their effects on the wastewater volume and characteristics: 																
7.	Are there any wastewater 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
2.	IF YES: 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 Amalgam Separator		

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Section II.H – Treatment (Continued)

2.	Do you have a treatment operator(s)? ☒ Yes ☐ No ☐ N/A		
	IF YES: Provide the following information:		
	Name: Solmetex Services	Operator Class/Type:	
	Title: Company that services the amalgam separator	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		

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
	N/A		
2.	Describe where and how waste liquids and sludges are stored prior to disposal.		

Section II.I – Non-Discharged Wastes (Continued)

3.	If any facility wastes are sent to an off-site centralized waste treatment facility, identify the facility and the wastes that it receives:		
	N/A		
4.	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)
	N/A		
5.	Have you been issued any federal, state, or local environmental permits? ☐ Yes ☒ No		
	IF YES: List the permits:		

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Section III – Closing Conference and Follow Up

Closing Conference

The EPA Region 5 Lead Inspector, Joseph Forth, held a closing conference with Dr. Nari Cho at 1:33 PM CT on 1/13/2025. During the closing conference, Joseph Forth restated the purpose of the inspection and explained that a copy of the final inspection checklist will be provided to the Facility.

Facility representative made a claim of CBI during the inspection: ☐ Yes ☒ No

Name/Title of Facility Representative making the CBI claim:

Requested Documents

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