



## REGIONAL AIR POLLUTION CONTROL AGENCY

Serving Clark, Darke, Greene, Miami, Montgomery & Preble Counties

117 South Main Street, Dayton, Ohio 45422-1280

937-225-4435 — Fax: 937-225-3486

www.rapca.org

March 23, 2009

### Certified Mail

Patrick Clemens  
Clemens Oil Company  
1630 S Yellow Springs St.  
Springfield, OH 45506

RE: Ohio EPA Facility ID 0812100492  
Prime Fuel #3 - 1024 E Home Rd, Springfield, Ohio  
Failure to perform annual stage II vapor recovery compliance testing

### WARNING LETTER

Dear Mr. Clemens:

Pursuant to Ohio Administrative Code (OAC) rule and Clark County Combined Health District Air Pollution Control Regulations (CCCHDAPCR) section 3745-21-09 (DDD)(2), the stage II vapor control system at the Prime Fuel #3 gasoline dispensing facility (GDF) located at 1024 East Home Road in Springfield, Ohio, must perform and successfully pass the testing requirements contained in OAC rule 3745-21-10. In accordance with the yearly static pressure decay testing requirements specified in CARB Executive Order G-70-150-AE and the Static Leak Test contained in OAC rule 3745-21-10, Appendix A, Static Leak testing and Air to Liquid Ratio (A/L) testing shall be successfully conducted at least once in each twelve consecutive month period after the date of successful completion of the startup or most recent Static Leak Test.

OAC rule and CCCHDAPCR section 3745-21-09 (DDD)(1) state: "no owner or operator of a gasoline dispensing facility may cause, allow or permit the transfer of gasoline from a stationary storage tank at a GDF into a motor vehicle . . . unless the following requirements are met: . . . (c) The vapor control system has successfully passed the testing requirements contained in paragraph (DDD)(2) of this rule." This GDF is required to demonstrate compliance on an annual basis. The last successful stage II vapor recovery compliance test conducted at this GDF, on file with RAPCA, was on December 28, 2006. On February 11, 2009, the Regional Air Pollution Control Agency (RAPCA) issued an Official Order to Prime Fuel #3, requiring this GDF to schedule an annual stage II vapor recovery compliance test within thirty (30) days of the issuance of the Order. To date, no testing has been scheduled with RAPCA at this site. Prime

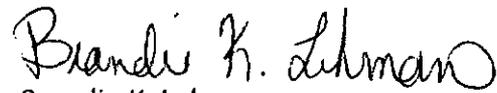
Prime Fuel #3  
March 23, 2009  
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Fuel #3 is currently operating in violation of OAC rule and CCCHDAPCR section 3745-21-09 (DDD)(2) and the prohibitions in Ohio Revised Code (ORC) section 3704.05.

This letter serves as official notification from RAPCA to cease operation in violation of OAC rule and CCCHDAPCR section 3745-21-09 (DDD)(2) and ORC section 3704.05. It is imperative that Prime Fuel #3 schedule and show compliance with stage II testing requirements. **Please respond, in writing, to this notice within fourteen (14) days after receipt. The response will specify the intended test date.** Your tester should contact Lynn Thompson, at (937) 225-4437, to ensure a RAPCA representative is present at your scheduled testing.

Failure to perform the required testing will subject this facility to further enforcement actions, which may include penalties. If you have any questions or comments concerning this matter, please feel free to contact me at (937) 225-5923.

Sincerely,



Brandie K. Lehman

Air Pollution Control Specialist

Cc:	Jeff Canan	RAPCA
	Tom Kalman	OEPA
	Lisa Holscher	USEPA



**REGION**  
Serving O

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PATRICK CLEMENS  
CLEMENS OIL CO  
1639 S YELLOW SPRINGS ST  
SPRINGFIELD, OH 45506

2. Article Number  
(Transfer from service label)

7002 0510 0000 7312 1298

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X		<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address see
B. Received by (Printed Name) Patrick Clemens	C. Date of Delivery 3-23-09	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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8/09

