

CITY OF TOLEDO



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DEPARTMENT OF PUBLIC UTILITIES

May 24, 2007

7/10/07

419-251-3232 - um 9:35

10:00 THOUGHT HE HAD REPLIED

- WE HAVE E-MAIL RESPONSE
BUT NO LETTER. HE WILL
MAIL A FORMAL RESPONSE.

CERTIFIED MAIL

Mr. William A. Sutton
Vice President Operations
St. Vincent Mercy Medical Center
2213 Cherry Street
Toledo, Ohio 43608

Re: Notice of Violation

Dear Mr. Sutton:

Enclosed, please find a "Notice of Violation" for St. Vincent Mercy Medical Center Ohio EPA Emissions Unit Id. 0448010051 B004 and B005. Please review this document carefully as some action is required on your part.

If you have any questions, please feel free to contact me.

Yours from Toledo - a City of

Robert Kossow, P.E.

*iDi Magazine-April 2007

Enclosure

cc: Casey Stephens, T
Leslie Kovacik, Tol
John Paulian, OEP
Lisa Holscher, USF
Perry Sharp, SVM

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>TOLEDO OH</p> <p>A. Signature <input type="checkbox"/> Age <input type="checkbox"/></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Address <input type="checkbox"/></p> <p>Date of Delivery <input type="checkbox"/></p>	
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mr. William A. Sutton Vice President Operations St. Vincent Mercy Medical Center 2213 Cherry Street Toledo, OH 43608		If YES, enter delivery address below:	
2. Article Number (Transfer from service label)		3. Service Type	
PS Form 3811, February 2004		<input checked="" 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) <input type="checkbox"/> Yes	
		7003 2260 0001 2722 2538	

Domestic Return Receipt

T. Casey Stephens, Commissioner
DIVISION OF ENVIRONMENTAL SERVICES

Quilter Environmental Center

348 South Erie Street, Toledo, Ohio 43604-8633 USA

Telephone: 419-936-3015 Fax: 419-936-3959 E-mail: casey.stephens@toledo.oh.gov

102595-02-1/

NOTICE OF VIOLATION

May 24, 2007

The City of Toledo Division of Environmental Services hereby serves notice that:

St. Vincent Mercy Medical Center
2213 Cherry Street
Toledo, Ohio 43608

has violated the following environmental laws, orders, rules, or regulations on the indicated dates at the above address.

Dates of Violation(s)

April 30, 1999 through April 30, 2007

Regulation(s) violated

ORC 3704.05(C)
40 CFR Part 60.48c

Description of Source(s) and Violations(s)

Failure to submit quarterly reports containing the following information to the Toledo Division of Environmental Services.

- a. Total quantity of natural gas and #2 fuel oil burned in each unit during each calendar month during the quarter.
- b. The running 12-month total of the quantity of natural gas and #2 fuel oil burned in each unit for each calendar month during the calendar quarter.
- c. The average sulfur content (weight percent) of #2 fuel oil received during each calendar month during the calendar quarter. If no #2 fuel oil was received during that calendar quarter, this shall also be noted.
- d. Any instances for receiving #2 fuel oil with greater than 0.5 weight percent sulfur, the reasons for receiving such oil and a description of corrective actions taken.
- e. A statement from St . Vincent Mercy Medical Center that the records of fuel supplier certification submitted represent all of the fuel oil combusted during the quarter.

The above violation(s) may subject the violator to penalties of up to \$25,000 per violation. It is possible that a penalty may be assessed in this case. If a penalty is to be assessed, the amount will be determined after your response is reviewed.

Required Actions

Within 2 weeks of receipt of this Notice of Violation, you shall:

1. Abate the violation(s) or provide for an acceptable remedy.
2. Reply in writing to this Notice of Violation. The reply shall include:
 - a. description(s) and date(s) of action(s) taken thus far to abate the violation(s).
 - b. description(s) and expeditious time schedule of action(s) yet to be taken to remedy the violation(s).
 - c. description(s) of action(s) taken or to be taken to prevent recurrence of the violation(s).

Recommended Actions

Within 2 weeks of receipt of this Notice of Violation:

1. Submit documentation adequate to demonstrate compliance with the permit terms and conditions for Ohio EPA Emissions Unit Id. 0448010051 B004 and B005. Copies of these terms and conditions are available at our office. Please contact Robert Kossow at 419-936-3941.
2. Submit permit-by-rule applications for the emergency generators located at this facility. Applications are available on-line at the Ohio EPA website, or may be obtained through our office.

Your written response and any questions regarding this Notice of Violation should be directed to Robert Kossow at the Division of Environmental Services, 348 S. Erie Street, Toledo, Ohio 43604, or call 419-936-3941.

The submission of the above requested information does not constitute a waiver of Ohio EPA's authority to seek civil penalties pursuant to Ohio Revised Code § 3704.06. Ohio EPA will make a decision on whether to pursue or decline to pursue such penalties regarding this matter at a later date.