



City of Cleveland  
Frank G. Jackson, Mayor

Department of Public Health  
Division of Air Quality  
75 Erievue Plaza, Suite 200  
Cleveland, Ohio 44114-1839  
216/664-2297 • Fax: 216/420-8047  
www.clevelandhealth.org

**SERVING OHIO EPA AS AGENCY 13  
FOR CUYAHOGA COUNTY**

**CERTIFIED MAIL 7009 3410 0002 1934 1080  
RETURN RECEIPT REQUESTED**

November 29, 2010

John Chirayil  
North Olmsted 1, Inc.  
28925 Lorain Road  
North Olmsted, OH 44070

**FACILITY ID: 13-18-37-7939  
NOTICE OF VIOLATION: FAILURE OF AIR-TO-LIQUID RATIO TEST**

Dear Mr. Chirayil:

On November 24, 2010, the Cleveland Division of Air Quality (CDAQ) inspected North Olmsted 1, Inc. dba Clark Gas Station (North Olmsted Clark) located at 28925 Lorain Road in North Olmsted. This letter serves as notification that you are operating sources in violation of the following applicable air statutes, air regulations, or air permit conditions.

North Olmsted Clark conducted annual Stage II testing on November 24, 2010. The Static Leak test passed at this time. However, the Air-to-Liquid (A/L) Ratio was tested and failed for regular and premium on all dispensers, #1 - #6. The failure to successfully pass the testing requirements in Ohio Administrative Code (OAC) Rule 3745-21-09 (DDD)(2) while causing, allowing or permitting the transfer of gasoline from a stationary storage tank into a motor vehicle are violations of Ohio Revised Code (ORC) Section 3704.05(G) and OAC Rule 3745-21-09 (DDD)(1)(b) and (c).

Unless you undertake some type of corrective action with respect to the above noted violations, you will remain in non-compliance. CDAQ requests that North Olmsted Clark make the necessary repairs, then conduct a re-test of the A/L Ratio test on all dispensers, and submit all test results within thirty (30) days of receipt of this letter, to the following enforcement representative:

Valerie Shaffer  
Cleveland Division of Air Quality  
75 Erievue Plaza 2<sup>nd</sup> Floor  
Cleveland, Ohio 44114-1839



If there is insufficient time to correct the alleged violations within this timeframe, your response must include a timeline for correcting the alleged violations.

Violations of Ohio air pollution laws and /or permit terms and conditions are subject to the penalties stipulated in Ohio Revised Code Section 3704.99(A), which allows fines of not more than twenty-five thousand dollars or imprisonment for not more than one year, or both, for each violation.

Free assistance with state and/or federal regulations, rules, laws or permit conditions can be provided at no charge through Ohio EPA Office of Compliance Assistance and Pollution Prevention (OCAPP). OCAPP can be contacted at <http://www.epa.state.oh.us/ocapp> or (614) 644-3469 or (800) 329-7518. CDAQ makes no guarantee that the facility will meet the qualifying guidelines established by the OCAPP.

CDAQ issues this letter with Ohio EPA's concurrence. The failure to mention any specific violation does not excuse any violations of local, state and federal laws or regulations regarding air pollution control. Violations of air pollution control laws may be pursued in local court or referred to Ohio EPA or U.S. EPA for further enforcement action. Should you have any questions, please call Valerie Shaffer at (216) 664-6292. All correspondence with CDAQ must include the Ohio EPA facility identification number for North Olmsted Clark: 13-18-37-7939.

Sincerely,

*Linda Kimmy for G.B.*

George Baker  
Chief of Enforcement

GB/vls

cc: Sherry Adamson, North Olmsted – Clark  
John Paulian, Ohio EPA Central Office  
Facility File and L:\Data\Facilities\1318377939\2010-11-24 NOV.docx

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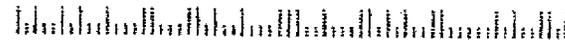


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DEPT OF PUBLIC HEALTH  
DIVISION OF AIR QUALITY  
VALERIE SHAFFER  
75 ERIEVIEW PLAZA - 2<sup>TH</sup> FLOOR  
CLEVELAND, OH 44114

NOV - mailed 11-30



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>J. Charayil</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <p style="font-size: 1.2em;">North Olmsted I, INC. John Charayil 3110 Springdale Ave Glenview, IL 60025</p>	B. Received by (Printed Name) <i>J. Charayil</i>	C. Date of Delivery <i>X</i>
2. Article Number <i>(Transfer from service label)</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7009 3410 0002 1934 1080	3. Service Type <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	