



City of Cleveland
Frank G. Jackson, Mayor

Department of Public Health
Division of Air Quality
75 Erieview 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 1363
RETURN RECEIPT REQUESTED**

2/7/11

Cheryl Anderson
Lehigh Gas
1425 Mountain Drive North
Bethlehem, PA 18015

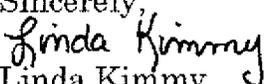
**FACILITY ID: 13-18-00-6910
NOTICE OF VIOLATION FOLLOW-UP LETTER**

Dear Ms. Anderson:

On 1/10/11, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation to Lehigh Gas located at 552 E. 152nd St. in Cleveland for failure to pass the Air-to-Liquid (A/L) Ratio test on dispenser #1. CDAQ is in receipt of the required passing test results for dispenser #1 for a re-test conducted on 1/21/11.

The corrective action plan was received and appropriate steps were taken to bring the source into compliance. CDAQ has determined that no further enforcement action is warranted at this time, but reserves its right to take such action in the future if necessary.

CDAQ issues this letter with Ohio EPA's concurrence and 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. If you have any questions, please call Dave DeChant at 216-664-3213. All correspondence with CDAQ must include the Ohio EPA facility identification number for Lehigh Gas: 13-18-00-6910.

Sincerely,

Linda Kimmy
Field Enforcement Manager

LK/dd

cc: John Paulian, Ohio EPA Central Office
Facility File and L:\Data\Facilities\1318006910\2011-1-3 NEAR.doc

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

A. Signature Agent
 Addressee
 X *Eileen Watson*

B. Received by (Printed Name) C. Date of Delivery
Eileen Watson *2/11/11*

Article Addressed to:

 Cheryl Anderson
 Lehigh Gas
 1425 Mountain Drive North
 Bethlehem, PA 18015

D. Is delivery address different from Item 1? Yes
 YES, enter delivery address below: No



3. Service Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

13-18-00-6910
 Article Number
 (Transfer from service label)

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