



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 1158  
RETURN RECEIPT REQUESTED**

January 10, 2011

Sayed Mustafa  
Hanini Petroleum  
13900 Kinsman Road  
Cleveland, Ohio 44120

NON-HPV

**FACILITY ID: 13-18-00-6924  
RECEIPT OF CORRECTIVE ACTION PLAN: VIOLATIONS OF STAGE II  
TESTING AND POSTING OF "NO TOPPING OFF" INSTRUCTIONS**

Dear Mr. Mustafa:

On December 8, 2010, the Cleveland Division of Air Quality (CDAQ) issued a Second Notice of Violation (NOV) requesting Hanini Petroleum to conduct retesting of the Stage II required static leak and Air-to-Liquid (A/L) ratio tests, and to post appropriate operating instructions at each gasoline dispenser, including the prohibition of "topping off" of the motor vehicle tank.

On December 22, 2010, CDAQ inspected your gasoline dispensing facility (GDF) and witnessed passing results of applicable Stage II static leak and A/L ratio testing. Additionally, fuel instructions including a "no topping off" instruction were found on each dispenser, except for pumps #3 and #8. As such, Hanini Petroleum is still in violation of Ohio Administrative Code Rule 3745-21-09(DDD)(1) and Ohio Revised Code Chapter 3704.05(G); in that, operating instructions shall be conspicuously posted in each gasoline dispensing area and that the operating instructions shall specifically prohibit the topping off of the motor vehicle fuel tank.

Unless you undertake some type of corrective action with respect to the above noted violation, you will remain in non-compliance. CDAQ requests that Hanini Petroleum adequately post "no topping off" instructions in dispensing areas at pumps #3 and #8, within fourteen (14) days of your receipt of this letter.

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 the Ohio EPA Office of Compliance Assistance and Pollution Prevention (OCAPP). OCAPP can be contacted at <http://www.epa.ohio.gov/ocapp> or (614) 644-3469 or (800) 329-7518.

CDAQ makes no guarantee that the facility will meet the qualifying guidelines established by OCAPP.

OCAPP can also provide assistance to facilities that want to investigate methods of pollution prevention to reduce raw material usage and waste production. Again, there is no charge for their services.

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 Hanini Petroleum: 13-18-00-6924.

Sincerely,

*Linda Kimmy for G.B.*

George Baker  
Chief of Enforcement

GB/vls

cc: John Paulian, Ohio EPA Central Office  
William MacDowell, USEPA, Region V  
Facility File and L:\Data\Facilities\1318006924\2010-10-13 RCAP.doc

**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:

HANINI Petroleum  
 ATTN: Sayed Mustafa  
 13900 Kinsman Rd.  
 Cleveland, OH 44120

2. Article Number

(Transfer from service label)

7009 3410 0002 1934 1158

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

\* *Tracy Burtis* Agent Address

B. Received by (Printed Name)

\* *TRACY BURTON*

C. Date of Delivery

\* *1-12-11*D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes