

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:

Mrs. Gale Potocar
 Marathon Broadway
 14218 Broadway Avenue
 Garfield Heights, Ohio 44125

2. Article Number
(Transfer from SL)

7003 1010 0004 2923 4550 13-18-22-6965

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Richard Perry

 Agent Addressee

B. Received by (Printed Name)

RICHARD PERRY

C. Date of Delivery

11/6/10

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



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: 7003 1010 0004 2923 4550
RETURN RECEIPT REQUESTED

December 30, 2009

Mrs. Gale Potocar
Marathon Broadway
14218 Broadway Avenue
Garfield Heights, Ohio 44125

FACILITY ID: 13-18-22-6965
NOTICE OF VIOLATION FOLLOW-UP LETTER

Dear Mrs. Potocar:

On December 17, 2009, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring Marathon Broadway make necessary repairs on dispensers #2, #3, and #4, then re-test the A/L ratio and submit the November 25, 2009, test results, and the re-test test results within thirty (30) days from their respective test dates. CDAQ is in receipt of a corrective action plan dated December 23, 2009, which includes the test results for both tests.

The corrective action plan was received in a timely manner 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. Should you have any questions, please call Bryan Sokolowski at (216) 420-7663. All correspondence with CDAQ must include the Ohio EPA facility identification number for Marathon Broadway: 13-18-22-6965.

Sincerely,

Linda Kimmey for G.B.
George Baker
Chief of Enforcement

GB/BS

cc: John Paulian, Ohio EPA Central Office
Lisa Holscher, U.S. EPA Region V
Facility File and L:\Data\Facilities\1318226965\2009-11-25 NEAR.docx



TANK INTEGRITY SERVICES, INC.

North Royalton, Ohio 44133

Phone: (440)237-9200

Fax: (440)582-5119

LOCATION DATA:

STAGE II VAPOR RECOVERY SYSTEM TEST DATA FORM

Initial

Location Name: <u>BROADWAY MARATHON</u>	Location #: <u>N/A</u>	Job #: <u>12444</u>	Date: <u>11/25/2009</u>
Address: <u>14218 BROADWAY AVE</u>		Tester: <u>JOE WILLIAMS</u>	
City/State: <u>GARFIELD HTS OH 44125</u>	Inspector: <u>BRYAN SOKOLOWSKI</u>		

Stage I Type:	Two Point: <input checked="" type="checkbox"/>	Coaxial: <input type="checkbox"/>	Poppeted?: <input type="checkbox"/>	Manifolded: UG <input type="checkbox"/> AG <input checked="" type="checkbox"/>	Feet AG <input type="checkbox"/>
Stage II Type:	Vapor Balance: <input type="checkbox"/>	Vacuum Assist: <input checked="" type="checkbox"/>	Type: <u>WV</u>		
	Drop Out: <input checked="" type="checkbox"/>	Sealed: <input checked="" type="checkbox"/>	Syphon: <input checked="" type="checkbox"/>		

STATIC LEAK TEST RESULTS:

Product Type:	RUL	PUL			TOTALS
Actual Tank Capacity (Gallons):	<u>12,068</u>	<u>4,218</u>	<u>0</u>	<u>0</u>	<u>16,286</u>
Gasoline Volume (Gallons):	<u>7,522</u>	<u>2,087</u>	<u>0</u>	<u>0</u>	<u>9,609</u>
Ullage (Gallons):	<u>4,546</u>	<u>2,131</u>	<u>0</u>	<u>0</u>	<u>6,677</u>
Initial Pressure of UST:	Inches Water				<u>0</u>
Nozzle Served by Tank (s):	Quantity				<u>4</u>
(A) Stage I Coupler / (B) Stage II Riser:	Test Location				<u>A</u>
Initial Pressure:	Inches Water				<u>2.00</u>
Pressure After 1 Minute:	Inches Water				<u>2.00</u>
Pressure After 2 Minutes:	Inches Water				<u>2.00</u>
Pressure After 3 Minutes:	Inches Water				<u>2.00</u>
Pressure After 4 Minutes:	Inches Water				<u>2.00</u>
Pressure After 5 Minutes:	Inches Water				<u>2.00</u>
Allowable Final Pressure:	Table IA or IB				<u>1.85</u>
Test Status:	Pass or Fail				PASS

DYNAMIC PRESSURE TEST RESULTS:

Riser / Nozzle #	40 CFH .16 Max	60 CFH .35 Max	80 CFH .62 Max	Pass / Fail	Riser / Nozzle #	40 CFH .16 Max	60 CFH .35 Max	80 CFH .62 Max	Pass / Fail
<u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gallons of gasoline introduced into Stage II riser:

Did gauge pulsate or peg at any flow rate during test?

COMMENTS:



TANK INTEGRITY SERVICES, INC.
 North Royalton, Ohio 44133
 Phone: (440)237-9200
 Fax: (440)582-5119

AIR TO LIQUID RATIO (A/L) TEST DATA FORM

LOCATION DATA:

Retest

Location Name: <input type="text" value="BROADWAY MARATHON"/>	Location #: <input type="text" value="N/A"/>	Job #: <input type="text" value="12574"/>	Date: <input type="text" value="12/17/2009"/>
Address: <input type="text" value="1421B BROADWAY AVE"/>		Tester: <input type="text" value="JASON BOLEY"/>	
City/State: <input type="text" value="GARFIELD HTS"/>	<input type="text" value="OH"/>	<input type="text" value="44125"/>	Inspector: <input type="text"/>

Stage II System Type: Vacuum Assist: Manufacturer: Hasstech:

RESULTS:

Disp#	Nozzle Model#	Gas Grade	Gas		A/L Ratio	Pass / Fail	Disp#	Nozzle Model#	Gas Grade	Gas		A/L Ratio	Pass / Fail
			Loaded Gal	Dispensing Rate-GPM						Loaded Gal	Dispensing Rate-GPM		
2	12VW	RUL	2.537	6.80	.97	PASS							
2	12VW	MUL	3.034	6.76	.97	PASS							
2	12VW	PUL	2.552	7.16	.98	PASS							
3	Richards	RUL	2.561	6.95	.95	PASS							
3	Richards	MUL	2.548	7.05	.93	PASS							
3	Richards	PUL	2.547	7.11	.92	PASS							
4	12VW	RUL	2.548	7.00	.98	PASS							
4	12VW	MUL	2.565	6.90	1.05	PASS							
4	12VW	PUL	2.573	7.61	1.04	PASS							

COMMENT: S/N: Calibration Date: