SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, & 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:

Mike Zayed
Mohammad Rahman
Gas USA
4561 E 131st St.
Garfield Hts., OH 44105

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X M Rahman ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

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

JUL 07 2010

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7009 3410 0002 1933 8820

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

City of Cleveland
Frank G. Jackson, Mayor

Department of Public Health
Division of Air Quality
75 Erieview Plaza, Suite 200
Cleveland, Ohio 44114-1869
216/664-2297 • Fax: 216/420-8047
www.clevelandhealth.org

SERVING OHIO EPA AS AGENCY 13
FOR CUYAHOGA COUNTY

CERTIFIED MAIL 7009 3410 0002 1933 8820
RETURN RECEIPT REQUESTED

June 30, 2010

Mohammad Rahman
Mike Zayed
Gas USA
4561 East 131st Street
Garfield Heights, OH 44105

FACILITY ID: 13-18-22-8355
NOTICE OF VIOLATION FOLLOW-UP LETTER

Dear Messrs. Zayed and Rahman:

On May 12, 2010, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring Gas USA make the necessary repairs, then conduct a re-test of the blockage on dispensers #5 and #6 and the A/L Ratio test on dispenser #4 and submit the test results within thirty (30) days of receipt of the letter. CDAQ is in receipt of a corrective action plan dated June 11, 2010, at which time CDAQ witnessed the appropriate re-tests and Gas USA passed the blockage on dispensers #5 and #6 and the A/L Ratio test on dispenser #4.

CDAQ is also in receipt of test results submitted to CDAQ on June 23, 2010.

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 Megan Murphy at 216-664-4258. All correspondence with CDAQ must include the Ohio EPA facility identification number for Gas USA: 13-18-22-8355.

Sincerely,

Linda Kinney for G.B.

George Baker
Chief of Enforcement, CDAQ

GB/mm

cc: John Paulian, Ohio EPA Central Office
Lisa Holscher, U.S. EPA Region V
Facility File and L:\Data\Facilities\1318228355\2010-5-10 NEAR.doc

CLEVELAND DIVISION OF AIR QUALITY
GDF INSPECTION REPORT

REVISED: 05/16/2007

OhioEPA

DAPC - APPENDIX N (GDF)

Date of Inspection: 5/10/10 **Inspector:** Megan Murphy

Facility: Marathon E 131st St. / Gas USA **Premise Number:** 13 18 22 8355

Contact: Mike Zayed / Mohammad Rahman **Phone:** (216) 475-1469

Address: 4561 E. 131st St. Garfield Heights, OH 44105

Mailing Address: same as above

Pre-inspection: PTI: 13- 04009 CARB Executive Order: G-70-154-AA

PTO Issue Date: N/A Expiration Date: N/A Application Rec'd or PBR Date: 6/27/02

Type/Brand Stage II system: Tokheim Test Results on File: Yes [✓] No [ ]

Past Tests Results A/L: 5/27/09 SL: 5/27/09 DP: 6/13/05

Recordkeeping: [✓] Gasoline Deliveries [✓] Required maintenance per Executive Order

(3 years onsite) [✓] Stage II Post Test Inspection Forms [✓] PTO & App [✓] Stage II Compliance Specialist

INSPECTION ITEMS: *(Describe defects identified in table in Findings/Conclusions section)*

Pump / nozzle number:	1	2	3	4	5	6										
Fueling instructions / No topping off and Ethanol Notifications:	✓	—	—	—	—	—										
Nozzle spout not twisted, flattened, cracked, or vapor holes obstructed:	✓	—	—	—	—	—										
Nozzle not leaking:	✓	—	—	—	—	—										
Breakaway present:	✓	—	—	—	—	—										
Hose not crimped, severed, or flattened:	✓	—	—	—	—	—										
Equipment CARB certified:	✓	—	—	—	—	—										
Vapor shroud present, if required:	✓	—	—	—	—	—										
Other (specify below):																

Test Results: SL: Pass [✓] Fail [ ] N/T [ ] A/L: Pass [ ] Fail [✓] N/T [ ] DP: Pass [ ] Fail [✓] N/T [ ]

Test Conducted By: Jim Reardon Test Company: ECT

Inspector's Findings/Conclusions:

PBR submitted PTI # 13-03821 under premise ID #13 18 22 8302, hose replaced on #1, whip and nozzle on #5 #3 OPW 12-VW replaced w/ Richards

Next Action:

X Violations discovered (see above): Revisit in 30 days NOV X LOW ____

____ No Violations Discovered (No Action Required)

facility in Compliance 6/11/

Megan Murphy 5/10/10 Linda Kinney 5/12/10

Signature of Inspector *Date* *Report Reviewed By* *Date*

3229 volume 10624 reg 11 618

7930 capacity

4701 vilas 994

CLEVELAND DIVISION OF AIR QUALITY
GDF INSPECTION REPORT

REVISED: 05/16/2007

DAPC - APPENDIX N (GDF)

AIR-TO-LIQUID RATIO TEST RESULTS

13 1822 8355
Gas USA

Allowable A/L: .9 - 1.10 GPM: 7 - 10

Number of Dispensers: 3 Number of Nozzles: 6

Dispenser	Grade	Gall-ons	A/L	GPM	Pass-Fail
1	R M P	2	1.00	9.37	P
Richards	R M P		.99	9.74	P
	R M P		1.03	8.82	P
2	R M P		1.01	9.26	P
Richards	R M P		.99	9.74	P
	R M P		1.03	8.62	P
3	R M P		1.05	9.49	P
~~Richards~~	R M P		1.00	9.14	P
~~[illegible]~~	R M P		1.05	8.52	P
4	R M P				F
	R M P				F
Richards	R M P		[illegible]	9.49	F
5	R M P		1.01	9.62	P
Richards	R M P		1.01	9.62	P
	R M P		1.09	8.62	P
6	R M P		.94	9.37	P
Richards	R M P		.95	8.93	P
	R M P	2	.92	8.52	P
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				

Dispenser	Grade	Gall-ons	A/L	GPM	Pass-Fail
RE-TEST	R M P				
6/10/10	R M P				
4	R M P	2	1.08	9.14	P
Richards	R M P	2	1.01	9.56	P
	R M P	2	1.02	8.62	P
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				

Notes:

CLEVELAND DIVISION OF AIR QUALITY
GDF INSPECTION REPORT

REVISED: 05/16/2007

DAPC - APPENDIX N (GDF)

AIR-TO-LIQUID RATIO TEST RESULTS

13 1822 8355
Gas USA

Allowable A/L: .9 - 1.10 GPM: 7 - 10

Number of Dispensers: 3 Number of Nozzles: 6

Dispenser	Grade	Gall-ons	A/L	GPM	Pass-Fail
1	(R) M P	2	1.00	9.37	P
Richards	R (M) P		.93	9.74	P
	R M (P)		1.03	8.82	P
2	(R) M P		1.07	9.26	P
Richards	R (M) P		.99	9.74	P
	R M (P)		1.08	8.62	P
3	(R) M P		1.05	9.49	P
~~GPU~~ Richards	R (M) P		1.00	9.74	P
~~12 Vac~~	R M (P)		1.05	8.52	P
4	(R) M P				F
	R (M) P				F
Richards	R M (P)		0.00	9.49	~~F~~
5	(R) M P		1.01	9.62	P
Richards	R (M) P		1.01	9.62	P
	R M (P)		1.09	8.62	P
6	(R) M P		.94	9.37	P
Richards	R (M) P		.95	8.93	P
	R M (P)	2	.92	8.52	P
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				

Dispenser	Grade	Gall-ons	A/L	GPM	Pass-Fail
RE-TEST	R M P				
6/11/10	R M P				
4	(R) M P	2	1.08	9.14	P
Richards	R (M) P	2	1.01	9.56	P
	R M (P)	2	1.02	8.62	P
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P				
	R M P			

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 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:

Mohammad Rahman
Mike Zayed
GAS USA
4561 E. 131st St.
Garfield Heights OH 44105

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Subrahman Rahman
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If 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

2. Article Number (Transfer from service label) 7009 3410 0002 1933 8592

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540