



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 7002 2030 0001 1808 9739
RETURN RECEIPT REQUESTED

11/17/09

Angelo Papotto
Suburban Collision Center of North Olmsted
26618 Brookpark Road Extension
Brookpark, OH 44070

NON-HPV

FACILITY ID: 13-18-37-8453

NOTICE OF VIOLATION: Failure to submit Quarterly Deviation reports for the 3rd and 4th quarters of 2008, and the 1st, 2nd and 3rd quarters of 2009

Dear Mr. Papotto:

On 10/27/09, the Cleveland Division of Air Quality (CDAQ) inspected Suburban Collision Center of North Olmsted located at 26618 Brookpark Road Extension 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.

Suburban Collision Center of North Olmsted has failed to submit quarterly, deviation reports for the 3rd and 4th quarters of 2008, and the 1st, 2nd and 3rd quarters of 2009. This is a violation of the Ohio Revised Code (ORC) 3704.05(C) and the Ohio Administrative Code (OAC) 3745-15-03(A).

Electronic submission of required reporting is available through the Ohio EPA eBusiness Center. The site can be accessed at <https://ebiz.epa.ohio.gov/login.jsp>.

Unless you undertake some type of corrective action with respect to the above noted violations, you will remain in non-compliance. CDAQ requests that Suburban Collision Center of North Olmsted submit electronic quarterly deviation reports for the periods cited above. Upon completion of the electronic submission please provide confirmation to following enforcement representative:

Dave DeChant
Cleveland Division of Air Quality
75 Erieview Plaza, 2nd Floor
Cleveland, Ohio 44114-1839



Your written response to this letter must be received by CDAQ within fourteen (14) days of your receipt of this letter. 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 the 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 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 Dave DeChant at 216-664-3213. All correspondence with CDAQ must include the Ohio EPA facility identification number for Suburban Collision Center of North Olmsted: 13-18-37-8453.

Sincerely,

George Baker
Chief of Enforcement

GB/dd

cc: Richard Nemeth and Michael J. Krzywicki, CDAQ
John Paulian, Ohio EPA Central Office
Lisa Holscher, U.S. EPA Region V
Facility File and L:\Data\Facilities\1318378453\2009-10-27 NOV.doc

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Angelo Papotto Suburban Collision Ctr.-North Olmsted 26618 Brookpark Rd. Extension North Olmsted, OH 44070	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 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	
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