



City of Cleveland
Frank G. Jackson, Mayor

Department of Public Health
Division of Air Quality
75 Erieview Plaza, Suite 200
Cleveland, Ohio 44114-1839
216/664-7297 • Fax: 216/420-8047
www.clevelandhealth.org

SERVING OHIO EPA AS AGENCY 13
FOR CUYAHOGA COUNTY

CERTIFIED MAIL 7002 2030 0001 1808 9791
RETURN RECEIPT REQUESTED

12/31/09

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

FACILITY ID: 13-18-37-8453
NOTICE OF VIOLATION FOLLOW-UP LETTER

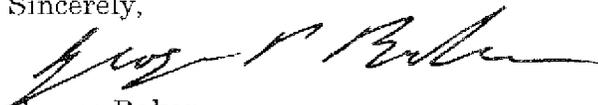
Dear Mr. Papotto:

On 11/17/09, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring Suburban Collision Center of North Olmsted to submit electronic quarterly deviation reports for the 3rd and 4th quarters of 2008, and the 1st, 2nd and 3rd quarters of 2009. Additionally, upon completion of the electronic submission, confirmation to the CDAQ inspector was requested. CDAQ is in receipt of a corrective action plan dated 12/15/09. The appropriate reports were entered into the State of Ohio Stars II database and hard copies were provided to CDAQ.

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 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, CDAQ

GB/dd

cc: John Paulian, Ohio EPA Central Office
Lisa Holscher, U.S. EPA Region V
Facility File and L:\Data\Facilities\1318378453\2009-10-27 NEAR.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"/> Agent <input checked="" type="checkbox"/> Addressee
	B. Received by (Printed Name) C. Date of Delivery Suburban Collision 1/6/10
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No
Angelo Papotto Suburban Collision Center of North Olmsted 26618 Brookpark Rd. Extension Brookpark, OH 44070	
13-18-37-8453	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7002 2030 0001 1808 9791