



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 0670
RETURN RECEIPT REQUESTED**

August 11, 2010

David Nye
True North #1362
3710 LeHarps Rd.
Youngstown, OH 44515

NON-HPV

FACILITY ID: 13-18-61-6014
NOTICE OF VIOLATION : Failing Annual Stage II testing

Dear Mr. Nye:

On August 10, 2010, the Cleveland Division of Air Quality (CDAQ) inspected True North #1362 located at 1145 Crocker Road in Westlake. This letter serves as notification that you are operating sources in violation of the following applicable air statutes, air regulations, or air permit conditions.

True North #1362 conducted annual Stage II testing on August 10, 2010. The Static Leak (SL) test passed at this time. The Air-to-Liquid (A/L) Ratio test was also conducted and failed at this time on dispenser #2. The failure to successfully pass the testing requirements in Ohio Administrative Code (OAC) Rule 3745-21-09 (DDD)(2) while causing, allowing or permitting the transfer of gasoline from a stationary storage tank into a motor vehicle are violations of Ohio Revised Code (ORC) Section 3704.05(G) and OAC Rule 3745-21-09 (DDD)(1)(b) and (c).

Unless you undertake some type of corrective action with respect to the above noted violations, you will remain in non-compliance. CDAQ requests that True North #1362 make the appropriate repairs to dispenser #2, conduct a re-test of the Air-to-Liquid Ratio test, and then submit the test results within thirty (30) days of receipt of this letter to the following enforcement representative:

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



If there is insufficient time to correct the alleged violations within this timeframe, a written response which includes a timeline for correcting the alleged violations must be received within thirty (30) days of 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.

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 Megan Murphy at 216-664-4258. All correspondence with CDAQ must include the Ohio EPA facility identification number for True North #1362: 13-18-61-6014.

Sincerely,

Linda Kimmy for G.B.

George Baker
Chief of Enforcement

GB/mm

cc: Michael J. Krzywicki, CDAQ
John Paulian, Ohio EPA Central Office
Lisa Holscher, U.S. EPA Region V
Facility File and L:\Data\Facilities\1318616014\2010-8-10 NOV.doc

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:

David Nye
True North #1362
3710 Lettaps Rd.
Youngstown, OH 44515

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X  Addressee

B. Received by (*Printed Name*) C. Date of Delivery
10-2-10

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 1934 0991

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:

David Nye
 TN # 362
 3710 Letlars Rd.
 Youngstown, OH 44515

2. Article Number

(Transfer from service label)

7009 3410 0002 1934 0670

COMPLETE THIS SECTION ON DELIVERY

A. Signature



-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-13-10

- 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