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 7049
RETURN RECEIPT REQUESTED

March 3, 2011

Cheryl Anderson
30812 Detroit Westlake, LLC. (a.k.a. Lehigh Gas #289)
1425 Mountain Drive North
Bethlehem, PA 18015

FACILITY ID: 13-18-61-8323
NOTICE OF VIOLATION FOLLOW-UP LETTER

Dear Mrs. Anderson:

On February 8, 2011, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring 30812 Detroit Westlake, LLC. to make the necessary repairs on the drop tube, then re-test the Static Leak Test and submit the February 3, 2011, test results, and the re-test results. 30812 Detroit Westlake, LLC. performed the necessary repairs then re-tested and passed the Static Leak Test on February 17, 2011. CDAQ is in receipt of both the original and re-test results dated March 2, 2011.

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 30812 Detroit Westlake, LLC: 13-18-61-8323.

Sincerely,

Linda Kimmy

Linda Kimmy
Field Enforcement Manager, CDAQ

LK/BS

cc: Station Manager, Lehigh Gas #289
John Paulian, Ohio EPA Central Office

William MacDowell, U.S. EPA Region V
Facility File and L:\Data\Facilities\1318618323\2011-2-3 NEAR.docx

Cleveland Division of Air Quality
GDF Inspection Report

Form Revised: 11/09/2010

OhioEPA
DAPC - APPENDIX N (GDF)

Date: 2-17-2011 Inspected by: Bryan Sokolowski

Premise Number: 13-8-61-8323 Type of System: Wayne

Facility Name: Bp Lehigh # Testing Company: Tank Integrity

Facility Address: 30812 Detroit Road, Westlake Ohio, 44145

Re-Test **STATIC LEAK TEST RESULTS** Re-Test

Stage II System: Vapor Balance [ ] Vacuum Assist [✓]

Stage I System: Two point [✓] Coaxial [ ] Manifold? Aboveground [ ] Underground [✓]

Tank #	1	2	3	
Product Grade	reg	reg	premium	
Actual Tank Capacity, gallons				
Gasoline Volume	6906	6902	4750	
Ullage, gallons (#2-#3)	4638	4692	6849	16,824
Initial Pressure, inches H_2O				2
Number of Nozzles Served by Tank				16
Test Location: Stage I VC or Stage II Riser				Stage I VC
Pressure After 1 Minute, inches H_2O				2.0
Pressure After 2 Minutes, inches H_2O				2.0
Pressure After 3 Minutes, inches H_2O				2.0
Pressure After 4 Minutes, inches H_2O				2.0
Final Pressure After 5 Min., inches H_2O				2.0
Allowable Final Pressure				1.93

Static Leak Test Results: Pass [✓] Fail [ ] Which tanks failed? _____

Notes: Two vent caps replaced, drop tube was replaced

4638
4692
6849
16824

DYNAMIC PRESSURE TEST RESULTS

Quantity of gasoline introduced into Stage II, (gallons): _____ Riser [ ] Bellows [ ]

Nozzle #	40 CFH 0.16" Max	60 CFH 0.35" Max	80 CFH 0.62" Max	Pass / Fail

Nozzle #	40 CFH 0.16" Max	60 CFH 0.35" Max	80 CFH 0.62" Max	Pass / Fail

Did the gauge needle pulsate or peg at any flow rate during the test? Yes [ ] No [ ]

Dynamic Pressure Results: Pass [ ] Fail [ ]

Notes: _____

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:

Cheryl Anderson
Le High Gas #289
1425 Mountain Drive North
Bethlehem, PA 18015

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Eileen Watson
☐ Agent
☐ Addressee

B. Received by (Printed Name) Eileen Watson
C. Date of Delivery 2/14/11

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

BETHLEHEM PA 18016
FEB 14 2011
U.S. POSTAGE

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) 7003 1010 0004 2923 7025 13-18-61-8323

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