



City of Cleveland  
Frank G. Jackson, Mayor

Department of Public Health  
Division of Air Quality  
75 Erieview Plaza, Second Floor  
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 7010 1870 0000 6591 4049  
RETURN RECEIPT REQUESTED**

June 26, 2012

Jeff Disrud  
Fairview Hospital  
18101 Lorain Avenue  
Cleveland, OH 44111

NON-HPV

**FACILITY ID: 13-18-00-2944**

**NOTICE OF VIOLATION: Failure to submit 2009 and 2010 Annual Permit  
Evaluation Reports (PERs)**

Dear Mr. Disrud:

This letter serves as notification that you are operating sources in violation of the following applicable air statutes, air regulations, or air permit conditions.

Fairview Hospital failed to submit annual Permit Evaluation Reports (PERs) for 2009 and 2010 for the reporting periods of July 1 – June 30. The reports were due by no later than August 15 of the following years (2010 and 2011).

PERs are a reporting requirement specified in your Permit-To-Install and Operate (PTIO) No. P0105234, Authorization (page 1) and Emission Unit Terms and Conditions Section C.1.(e)(5) (page 14), issued to Fairview Hospital on April 2, 2010.

Your failure to submit the 2009 and 2010 PERs is a violation of PTIO No. P0105234 and Ohio Revised Code (ORC) Section 3704.05(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 Fairview Hospital submit PERs for 2009 and 2010 within fourteen (14) days of your receipt of this letter to the following address:

Permit Section  
Cleveland Division of Air Quality  
75 Erieview Plaza 2<sup>nd</sup> 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 fourteen (14) days of your receipt of this letter.

Both annual PER forms are enclosed with 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 Andrew Marantides at (216) 420-8049. All correspondence with CDAQ must include the Ohio EPA facility identification number for Fairview Hospital: 13-18-00-2944.

Sincerely,

Valencia White  
Chief of Enforcement, CDAQ

VW/AM LK

cc: George P. Baker, CDAQ  
Michael J. Krzywicki, CDAQ  
John Paulian, Ohio EPA Central Office  
William MacDowell, U.S. EPA Region V  
Facility File and L:\Data\Facilities\1318002944\2012-6-26 NOV.docx

encl: Annual PER forms



## Annual Permit Evaluation Report (PER)

**Due Date:** Aug 15, 2010

**Reporting Period:** 07/01/2009 - 06/30/2010

**Facility Name:** FAIRVIEW HOSPITAL

**Facility ID:** 1318002944

**Facility Address:** 18101 LORAIN AVE  
Cleveland, OH 44111

**Primary Contact:** Jeff Disrud  
**Mailing Address:** 18101 LORAIN AVE  
Cleveland, OH 44111

**Phone:** (216)476-7000  
**E-mail Address:** jeff.disrud@fairviewhospital.org

The facility address information given above was populated by Ohio EPA's most current database of information. If the above information has changed or is incorrect, please indicate the correct information below. You may also complete this PER electronically using the eBusiness Center - Air Services at [ebiz.epa.ohio.gov](http://ebiz.epa.ohio.gov) on the Internet.

*Indicate changes below.*

<b>Facility Name:</b>	
<b>Facility Address:</b>	
<b>Reason for Facility Address Change:</b>	
<b>Primary Contact:</b>	
<b>Mailing Address:</b>	
<b>Phone Number:</b>	
<b>E-mail Address:</b>	



Table I: Emissions Units with Issued PTIOs

<i>EU ID*</i>	<i>EU Description</i>	<i>Company Equipment ID</i>	<i>Permit Number</i>	<i>PTIO Effective Date</i>
B005	Cleaver-Brooks 12.552 mmBtu/hr natural gas/No. 2 fuel oil powered boiler	Boiler # 1 - Cleaver-Brooks 12.552 mmBtu/hr	P0105234	4/2/2010
B006	Cleaver-Brooks 12.552 mmBtu/hr natural gas/No. 2 fuel oil powered boiler	Boiler # 2 - Cleaver-Brooks 12.552 mmBtu/hr	P0105234	4/2/2010
B007	Cleaver-Brooks 12.552 mmBtu/hr natural gas/No. 2 fuel oil powered boiler	Boiler # 3 - Cleaver-Brooks 12.552 mmBtu/hr	P0105234	4/2/2010

\* List any additional emissions units (EUs) that have been issued a PTIO that are not included in the list above.

A "Detailed Emissions Unit (EU) Form" (attached) must be submitted for each EU listed in Table I to satisfy PER reporting obligations. In addition to the PER, please remember that your PTIOs may specify other state or federal reporting requirements.

**Additional Information and Corrections:**

Please list below any additional information you need to communicate with Ohio EPA. At a minimum, identify if you have any EU(s) that were permanently shutdown, EU(s) that will not be installed or modified, or EU(s) not in operation during the reporting period. See the "Annual Permit Evaluation (PER) Form FAQs" document for an explanation and additional examples or relevant information.


**Report Responsibility:**

This PER, including any accompanying information, is required under the authority of the director of the Ohio Environmental Protection Agency. [Ohio Revised Code 3704.03(I)] Failure to submit this PER, including any accompanying information, or falsifying this PER, including any accompanying information, may result in civil or criminal penalties in accordance with applicable state law.

**Assistance With This Form:**

If you have any questions please see the attached "Annual PER Form FAQs" document or contact the **Office of Compliance Assistance and Pollution Prevention at (800) 329-7518** or **Cleveland Division of Air Quality at (216)664-2297**.



Detailed Emissions Unit Form(s)

PER Reporting Period: 07/01/2009 - 06/30/2010

Detailed Emissions Unit Form Instructions\*:

- 1. Please complete questions A and B for each emissions unit (EU) that has been issued a PTIO. In addition, either confirm the accuracy of the information provided or change the information accordingly.
2. If you indicated "yes" for question A or B, for each deviation or exceedance that occurred during the reporting period, please provide an attachment with the following information:
a. EU ID;
b. dates and/or duration;
c. description of deviation or exceedance including probable cause;
d. description of corrective action(s) if taken; and
e. if no corrective action(s) were taken, then why not?
3. If applicable, for each visible emission (VE) incident that occurred during the reporting period, please provide an attachment with the following information:
a. EU ID;
b. dates and/or duration; and
c. additional information as required per the applicable PTIO.

\* For further explanation, or if you have any questions, please see the attached "Annual PER Form FAQs" document or contact the Office of Compliance Assistance and Pollution Prevention at (800) 329-7518 or Cleveland Division of Air Quality at (216)664-2297.

PER Detailed EU Form

EU ID: B005

Facility ID: 1318002944

EU Description: Cleaver-Brooks 12.552 mmBtu/hr natural gas/No. 2 fuel oil powered boiler

Please provide date below if not present.

Table with 2 columns: Date description and Date value. Rows include: Completion of initial installation date, Begin installation/modification date (09/30/2009), and Commence operation after installation or latest modification date.

Were there any deviations or exceedances from the following PTIO requirements?

- A. Operational restrictions or emission limitations? Yes \_\_\_ No \_\_\_
B. Monitoring, record keeping, or reporting requirements? Yes \_\_\_ No \_\_\_

C. If Yes for A or B above, then submit the appropriate information as specified in the Detailed Emissions Unit Form Instructions #1 and #2 above. If any visible emission incident occurred during the reporting period, then submit the appropriate information as specified in #3.



**PER Detailed EU Form**

**EU ID:** B006

Facility ID: 1318002944

**EU Description:** Cleaver-Brooks 12.552 mmBtu/hr natural gas/No. 2 fuel oil powered boiler

Please provide date below if not present.

Completion of initial installation date:	
Begin installation/modification date:	
Commence operation after installation or latest modification date:	

Were there any deviations or exceedances from the following PTIO requirements?

- A. Operational restrictions or emission limitations? Yes\_\_\_ No\_\_\_
- B. Monitoring, record keeping, or reporting requirements? Yes\_\_\_ No\_\_\_
- C. If Yes for A or B above, then submit the appropriate information as specified in the Detailed Emissions Unit Form Instructions #1 and #2 above. If any visible emission incident occurred during the reporting period, then submit the appropriate information as specified in #3.

**PER Detailed EU Form**

**EU ID:** B007

Facility ID: 1318002944

**EU Description:** Cleaver-Brooks 12.552 mmBtu/hr natural gas/No. 2 fuel oil powered boiler

Please provide date below if not present.

Completion of initial installation date:	
Begin installation/modification date:	
Commence operation after installation or latest modification date:	

Were there any deviations or exceedances from the following PTIO requirements?

- A. Operational restrictions or emission limitations? Yes\_\_\_ No\_\_\_
- B. Monitoring, record keeping, or reporting requirements? Yes\_\_\_ No\_\_\_
- C. If Yes for A or B above, then submit the appropriate information as specified in the Detailed Emissions Unit Form Instructions #1 and #2 above. If any visible emission incident occurred during the reporting period, then submit the appropriate information as specified in #3.



## Annual Permit Evaluation Report (PER)

**Due Date:** Aug 15, 2011

**Reporting Period:** 07/01/2010 - 06/30/2011

**Facility Name:** FAIRVIEW HOSPITAL

**Facility ID:** 1318002944

**Facility Address:** 18101 LORAIN AVE  
Cleveland, OH 44111

**Primary Contact:** Jeff Disrud  
**Mailing Address:** 18101 LORAIN AVE  
Cleveland, OH 44111

**Phone:** (216)476-7000  
**E-mail Address:** jeff.disrud@fairviewhospital.org

The facility address information given above was populated by Ohio EPA's most current database of information. If the above information has changed or is incorrect, please indicate the correct information below. You may also complete this PER electronically using the eBusiness Center - Air Services at [ebiz.epa.ohio.gov](http://ebiz.epa.ohio.gov) on the Internet.

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<b>Primary Contact:</b>	
<b>Mailing Address:</b>	
<b>Phone Number:</b>	
<b>E-mail Address:</b>	



Table I: Emissions Units with Issued PTIOs

<i>EU ID*</i>	<i>EU Description</i>	<i>Company Equipment ID</i>	<i>Permit Number</i>	<i>PTIO Effective Date</i>
B005	Cleaver-Brooks 12.552 mmBtu/hr natural gas/No. 2 fuel oil powered boiler	Boiler # 1 - Cleaver-Brooks 12.552 mmBtu/hr	P0105234	4/2/2010
B006	Cleaver-Brooks 12.552 mmBtu/hr natural gas/No. 2 fuel oil powered boiler	Boiler # 2 - Cleaver-Brooks 12.552 mmBtu/hr	P0105234	4/2/2010
B007	Cleaver-Brooks 12.552 mmBtu/hr natural gas/No. 2 fuel oil powered boiler	Boiler # 3 - Cleaver-Brooks 12.552 mmBtu/hr	P0105234	4/2/2010

\* List any additional emissions units (EUs) that have been issued a PTIO that are not included in the list above.

A "Detailed Emissions Unit (EU) Form" (attached) must be submitted for each EU listed in Table I to satisfy PER reporting obligations. In addition to the PER, please remember that your PTIOs may specify other state or federal reporting requirements.

**Additional Information and Corrections:**

Please list below any additional information you need to communicate with Ohio EPA. At a minimum, identify if you have any EU(s) that were permanently shutdown, EU(s) that will not be installed or modified, or EU(s) not in operation during the reporting period. See the "Annual Permit Evaluation (PER) Form FAQs" document for an explanation and additional examples or relevant information.


**Report Responsibility:**

This PER, including any accompanying information, is required under the authority of the director of the Ohio Environmental Protection Agency. [Ohio Revised Code 3704.03(I)] Failure to submit this PER, including any accompanying information, or falsifying this PER, including any accompanying information, may result in civil or criminal penalties in accordance with applicable state law.

**Assistance With This Form:**

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Detailed Emissions Unit Form(s)

PER Reporting Period: 07/01/2010 - 06/30/2011

Detailed Emissions Unit Form Instructions\*:

- 1. Please complete questions A and B for each emissions unit (EU) that has been issued a PTIO. In addition, either confirm the accuracy of the information provided or change the information accordingly.
2. If you indicated "yes" for question A or B, for each deviation or exceedance that occurred during the reporting period, please provide an attachment with the following information:
a. EU ID;
b. dates and/or duration;
c. description of deviation or exceedance including probable cause;
d. description of corrective action(s) if taken; and
e. if no corrective action(s) were taken, then why not?
3. If applicable, for each visible emission (VE) incident that occurred during the reporting period, please provide an attachment with the following information:
a. EU ID;
b. dates and/or duration; and
c. additional information as required per the applicable PTIO.

\* For further explanation, or if you have any questions, please see the attached "Annual PER Form FAQs" document or contact the Office of Compliance Assistance and Pollution Prevention at (800) 329-7518 or Cleveland Division of Air Quality at (216)664-2297.

PER Detailed EU Form

EU ID: B005

Facility ID: 1318002944

EU Description: Cleaver-Brooks 12.552 mmBtu/hr natural gas/No. 2 fuel oil powered boiler

Please provide date below if not present.

Table with 2 columns: Date description and Date value. Rows include Completion of initial installation date, Begin installation/modification date (09/30/2009), and Commence operation after installation or latest modification date.

Were there any deviations or exceedances from the following PTIO requirements?

- A. Operational restrictions or emission limitations? Yes \_\_\_ No \_\_\_
B. Monitoring, record keeping, or reporting requirements? Yes \_\_\_ No \_\_\_

C. If Yes for A or B above, then submit the appropriate information as specified in the Detailed Emissions Unit Form Instructions #1 and #2 above. If any visible emission incident occurred during the reporting period, then submit the appropriate information as specified in #3.



PER Detailed EU Form

EU ID: B006

Facility ID: 1318002944

EU Description: Cleaver-Brooks 12.552 mmBtu/hr natural gas/No. 2 fuel oil powered boiler

Please provide date below if not present.

Completion of initial installation date:	
Begin installation/modification date:	
Commence operation after installation or latest modification date:	

Were there any deviations or exceedances from the following PTIO requirements?

- A. Operational restrictions or emission limitations? Yes\_\_\_ No\_\_\_
- B. Monitoring, record keeping, or reporting requirements? Yes\_\_\_ No\_\_\_
- C. If Yes for A or B above, then submit the appropriate information as specified in the Detailed Emissions Unit Form Instructions #1 and #2 above. If any visible emission incident occurred during the reporting period, then submit the appropriate information as specified in #3.

PER Detailed EU Form

EU ID: B007

Facility ID: 1318002944

EU Description: Cleaver-Brooks 12.552 mmBtu/hr natural gas/No. 2 fuel oil powered boiler

Please provide date below if not present.

Completion of initial installation date:	
Begin installation/modification date:	
Commence operation after installation or latest modification date:	

Were there any deviations or exceedances from the following PTIO requirements?

- A. Operational restrictions or emission limitations? Yes\_\_\_ No\_\_\_
- B. Monitoring, record keeping, or reporting requirements? Yes\_\_\_ No\_\_\_
- C. If Yes for A or B above, then submit the appropriate information as specified in the Detailed Emissions Unit Form Instructions #1 and #2 above. If any visible emission incident occurred during the reporting period, then submit the appropriate information as specified in #3.