



City of Cleveland  
Frank G. Jackson, Mayor

Department of Public Health  
Division of Air Quality  
1925 St. Clair Avenue  
Cleveland, Ohio 44114-2080  
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 4307  
RETURN RECEIPT REQUESTED**

January 11, 2008

Mr. Bill Roblin  
Dorn Color, Inc.  
11555 Berea Road  
Cleveland, OH 44102

**FACILITY ID: 13-18-00-0025  
NOTICE OF VIOLATION FOLLOW-UP LETTER**

Dear Mr. Roblin:

On December 4, 2007, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring Dorn Color, Inc. to submit a Permit to Install (PTI), Permit to Operate (PTO) and city permit applications for the Global Finishing spray booth, maintain correct daily records and repair a faulty temperature monitor on emissions unit (EU) K001. CDAQ is in receipt of a corrective action plan dated January 8, 2008, containing PTI, PTO, and city permit applications, a daily paint usage log and invoices for the repair work done on EU K001 temperature monitor.

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 Linda Kimmy at 216-664-2985. All correspondence with CDAQ must include the Ohio EPA facility identification number for Dorn Color, Inc.: 13-18-00-0025.

Sincerely,

A handwritten signature in black ink, appearing to read "Valencia White".

Valencia White  
Field Enforcement Manager, CDAQ

VW/LK

cc:

Richard Nemeth and Michael J. Krzywicki, CDAQ  
John Paulian, Ohio EPA Central Office  
Lisa Hoischer, U.S. EPA Region V  
Facility File and L:\Data\Facilities\1318000025\2007-11-05 NEAR.doc

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3 so 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:

Mr. Bill Roblin  
DORU COLOR, INC.  
11555 BEREA ROAD  
CLEVELAND, OH 44102

2. Article Number

(Transfer from service label)

7002 2030 0001 1808 4307

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

*BUMUS*

C. Date of Delivery

*1/25*

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