



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.clevelandhcaith.org

SERVING OHIO EPA AS AGENCY 13  
FOR CUYAHOGA COUNTY

CERTIFIED MAIL 7003 1010 0004 2923 2938  
RETURN RECEIPT REQUESTED

December 29, 2009

Derek Hendrix  
Cleveland Public Power  
1300 Lakeside Ave.  
Cleveland, Ohio 44114

FACILITY ID: 1318000133  
NOTICE OF VIOLATION FOLLOW-UP LETTER

Dear Mr. Hendrix:

On November 12, 2009, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring Cleveland Public Power (CPP) to submit deviation reports and to obtain city permits. CDAQ is in receipt of a corrective action plan dated December 1, 2009, stating CPP has set up a new report reminder system and will be obtaining city permits by submitting a replacement check for city permit fee invoices. CDAQ acknowledges the attempt to obtain city permits by submitting city permit fees dated July 15, 2009.

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 Mike Samec at 216-420-7682. All correspondence with CDAQ must include the Ohio EPA facility identification number for Cleveland Public Power: 1318000133.

Sincerely,

*Linda Kimmy for G.B.*  
George Baker  
Chief of Enforcement, CDAQ

GB/ms



cc: Richard Nemeth and Michael J. Krzywicki, CDAQ  
John Paulian, Ohio EPA Central Office  
Lisa Holscher, U.S. EPA Region V  
Facility File and L:\Data\Facilities\1318000133\2009-10-28 NEAR.doc

**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: 133

Derek Henderson  
 CAP  
 1300 Cuckoo's Nest Ave  
 Cleveland, OH 44114

2. Article Number  
(Transfer from service label)

7003 1010 0004 2923 2938

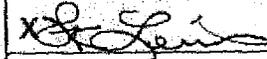
PS Form 3811, August 2001

Domestic Return Receipt

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A. Signature

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

12-31-02D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

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 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

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