



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 7003 1010 0004 2923 3119  
RETURN RECEIPT REQUESTED**

24 March 2008

Joan Curry  
Zaclon Inc.  
2881 Independence Rd.  
Cleveland, OH 44115-3699

**FACILITY ID: 13-18-00-0151  
NOTICE OF VIOLATION FOLLOW-UP LETTER**

Mr. Curry:

On 25 January 2008, the Cleveland Division of Air Quality (CDAQ) issued a Receipt of Corrective Action Plan requiring Zaclon Inc. to submit a permit-to-install (PTI) application for P005, Hydrochloric Acid Tank Car Unloading and/or Storage process. CDAQ received the PTI application dated 16 March 2008.

The corrective action was received and appropriate steps were taken to bring the source into compliance. CDAQ 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. If you have any questions, please call David Wagner at 216/664-3004. All correspondence with CDAQ must include the Ohio EPA facility identification number for Zaclon Inc.: 13-18-00-0151.

Sincerely,

A handwritten signature in cursive script that reads "Valencia White".

Valencia White  
Field Enforcement Manager, CDAQ

VW/dlw

cc: John Paulian, Ohio EPA Central Office  
Lisa Holscher, U.S. EPA Region V  
Facility File and L:\Data\Facilities\1318000151\2007-07-09 NEAR.doc

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>John A. Stock</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>NEAR 00-051</i>  <i>JOHN CURRY</i> <i>ZACLOW INC</i> <i>2981 INDEPENDENCE RD</i> <i>CLEVELAND, OH 44115</i>	B. Received by (Printed Name) <i>LAURA ASTOR</i>	C. Date of Delivery <i>3-31-08</i>
2. Article Number (Transfer from serv)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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