



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 7009 3410 0002 1934 1813
RETURN RECEIPT REQUESTED**

4/25/11

Randy Helmick
ASK Chemicals
2191 W. 110th St.
Cleveland, OH 44102

**FACILITY ID: 13-18-00-0303
NOTICE OF VIOLATION FOLLOW-UP LETTER**

Dear Mr. Helmick:

On 3/9/11, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requesting that ASK Chemicals submit verification/results of the one-time boiler tuning conducted in accordance with the specifications of PTI#13-04681, Part II(E)(2) and a completed PTIO application for the tote loading operation. CDAQ received a narrative response to the noted violations dated 3/24/11.

On 4/11/11, CDAQ issued a Receipt of Corrective Action Plan (RCAP) indicating that CDAQ would evaluate the tote loading operation when the FESOP (now known as a Federally Enforceable Permit to Install/Operate [FEPTIO]) is processed. CDAQ did request that copies of the one-time boiler tuning be submitted in accordance with the requirements of PTI #13-04681.

On 4/21/11, CDAQ received copies of the one-time boiler tuning.

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 Dave DeChant at 216-664-3213. All correspondence with CDAQ must include the Ohio EPA facility identification number for ASK Chemicals: 13-18-00-0303.

Sincerely,

Handwritten signature of Linda Kimmy in black ink.

Linda Kimmy

Field Enforcement Manager, CDAQ



LK/dd

cc: Nicole Hamilton, ASK Chemicals
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\1318000303\2011-1-21 NEAR.doc

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 		A. Signature <input checked="" type="checkbox"/> <i>Randy Helmick</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Randy Helmick ASK Chemicals 2191 W. 110 th St. Cleveland, OH 44102		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type	
		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" 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	
		7009 3410 0002 1934 1400	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Randy Helmick ASK Chemicals 2191 W. 110 th St. Cleveland, OH 44102		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" 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	
		13-18-00-0303	
		7009 3410 0002 1934 1462	
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