



City of Cleveland
Frank G. Jackson, Mayor

Department of Public Health
Division of Air Quality
75 Erievue 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 2731
RETURN RECEIPT REQUESTED

11/4/11

Sami Salem
Gas City #1
3074 W. 14th St.
Cleveland, OH 44113

FACILITY ID: 13-18-00-5992
NOTICE OF VIOLATION FOLLOW-UP LETTER

Dear Mr. Salem:

On 9/20/11, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring Gas City #1 to complete necessary repairs, and conduct a re-test of the Dynamic Pressure (DP) test and the Air to Liquid Ratio (A/L) test for pump #5. CDAQ witnessed successful DP and A/L re-testing on 11/3/11.

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.

Additionally, CDAQ requested that Gas City #1 obtain a 2011 City of Cleveland Permit to Operate and Air Pollution Source. The City Permit Fee was received by CDAQ on 10/11/11.

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 Gas City #1: 13-18-00-5992.

Sincerely,

Linda Kimmy
Field Enforcement Manager, CDAQ

LK/dd

cc: Sami Salem, 25104 Wildwood Dr., Westlake, OH 44145
John Paulian, Ohio EPA Central Office
William MacDowell, U.S. EPA Region V
Facility File and L:\Data\Facilities\1318005992\2011-9-7 NEAR.docx

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:

Sami Salem
 Gas City #1
 3074 W. 14th St.
 Cleveland, OH 44113

2. Article Number

(Transfer from service label)

7010 1870 0000 6591 31

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature] Agent Addressee

B. Received by (Printed Name)

Nate Salem

C. Date of Delivery

D. Is delivery address different from item 1? YesIf 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