



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 1264
RETURN RECEIPT REQUESTED**

December 4, 2010

Tony Gorczyca
Baltic Clifton Shell
9510 Baltic Road
Cleveland, OH 44102

**FACILITY ID: 13-18-00-6000
NOTICE OF VIOLATION FOLLOW-UP LETTER**

Dear Mr. Gorczyca:

On November 1, 2010, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring Baltic Clifton Shell obtain city permits-to-operate by submitting city permit fees for calendar years 2007 and 2008 and also to conduct Stage II testing and submit the test results within thirty (30) days of receipt of the letter. CDAQ is in receipt of a corrective action plan dated November 30, 2010 at which time Baltic Clifton Shell submitted city permit fees for calendar years 2007 and 2008. CDAQ also witnessed Stage II testing on December 3, 2010 at which time Baltic Clifton Shell passed the Static Leak, Blockage, and Air-to-Liquid Ratio tests.

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 Megan Murphy at 216-664-4258. All correspondence with CDAQ must include the Ohio EPA facility identification number for Baltic Clifton Shell: 13-18-00-6000.

Sincerely,

Linda Kimmy for G.B.

George Baker
Chief of Enforcement, CDAQ

GB/mm

cc: John Paulian, Ohio EPA Central Office
William MacDowell, U.S. EPA Region V
Facility File and L:\Data\Facilities\1318006000\2010-10-27 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:

Tony Gorczyca
 Baltic Clifton Shell
 9510 Baltic Rd.
 Cleveland, OH 44102

2. Article Number

(Transfer from service label)

7009 3410 0002 1934 1264

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *W. Murphy* Agent Address

B. Received by (Printed Name)

EB Ramos Jr

C. Date of Delivery

D. 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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