



City of Cleveland
Frank G. Jackson, Mayor

Department of Public Health
Division of Air Quality
75 Erievue 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 0359
RETURN RECEIPT REQUESTED**

June 24, 2010

Scott Moon
East 185th St. Center, LLC
PO Box 1565
Lawrenceville, GA 30046

NON-HPV

FACILITY ID: 13-18-00-6144

NOTICE OF VIOLATION : Failing Annual Stage II testing; Failure to provide proof of attendance and completion of training required by Ohio EPA

Dear Mr. Moon:

On June 22, 2010, the Cleveland Division of Air Quality (CDAQ) inspected East 185th St. Center, LLC located at 910 East 185th Street in Cleveland, Ohio. This letter serves as notification that you are operating sources in violation of the following applicable air statutes, air regulations, or air permit conditions.

On June 22, 2010, East 185th St. Center, LLC failed an Air-to-Liquid Ratio (A/L) test on dispensers #3, #4, #6 and #8. Failure to successfully pass the testing requirements specified in Ohio Administrative Code (OAC) Rule 3745-21-09(DDD)(2) while causing, allowing or permitting the transfer of gasoline from a stationary storage tank into a motor vehicle is a violation of Ohio Revised Code (ORC) Chapter 3704.05(G) and OAC Rule 3745-21-09(DDD)(1)(c). The Static Leak (SL) and blockage tests passed at this time.

Additionally, East 185th St. Center, LLC failed to provide proof of attendance and completion of training required by Ohio EPA in violation of OAC Rule 3745-21-09(DDD)(3)(a)(vi), which states that any owner or operator of a gasoline dispensing facility must provide proof of attendance and completion of training required by the Ohio EPA for the operator or local manager of the gasoline dispensing facility. East 185th St. Center, LLC is required to have a Stage II compliance specialist certificate.

Unless you undertake some type of corrective action with respect to the above noted violations, you will remain in non-compliance. CDAQ requests that East 185th St. Center, LLC make the necessary repairs to dispensers #3, #4, #6, and #8, then conduct a re-test of the A/L Ratio test and submit the test results as well as complete the required training by Ohio EPA and submit proof of attendance and completion of training within thirty (30) days to the following enforcement representative:



Megan Murphy
Cleveland Division of Air Quality
75 Erieview Plaza 2nd Floor
Cleveland, Ohio 44114-1839

If there is insufficient time to correct the alleged violations within this timeframe, a written response which includes a timeline for correcting the alleged violations, must be received within thirty (30) days of receipt of this letter.

Violations of Ohio air pollution laws and /or permit terms and conditions are subject to the penalties stipulated in Ohio Revised Code Section 3704.99(A), which allows fines of not more than twenty-five thousand dollars or imprisonment for not more than one year, or both, for each violation.

CDAQ issues this letter with Ohio EPA's concurrence. The failure to mention any specific violation 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 East 185th St. Center, LLC: 13-18-00-6144.

Sincerely,

Linda Kimmy for G.B.

George Baker
Chief of Enforcement

GB/mm

cc: Michael J. Krzywicki, CDAQ
John Paulian, Ohio EPA Central Office
Lisa Holscher, U.S. EPA Region V
Facility File and L:\Data\Facilities\1318006144\2010-6-22 NOV.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>Bill Smith</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article Addressed to: Scott Moon East 105th St. Center, LLC PO Box 1565 Lawrenceville, GA 3004	B. Received by (Printed Name) <i>Bill Smith</i>	C. Date of Delivery <i>6-28-10</i>
2. Article Number (Transfer from service label)	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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