



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 7010 1870 0000 6591 4872  
RETURN RECEIPT REQUESTED**

October 20, 2011

Robert Heran, President  
Armature Coil Equipment Co.  
4725 Manufacturing Ave.  
Cleveland, OH 44135-2639

**FACILITY ID: 13-18-00-6309  
NOTICE OF VIOLATION FOLLOW-UP LETTER**

Dear Mr. Heran:

On September 27, 2011, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring Armature Coil Equipment Co. (Armature Coil) to obtain a 2007, 2008 and 2011 City of Cleveland Air Contaminant Source permits for emissions unit (EU) R001; 2006 through 2011 City of Cleveland Air Contaminant Source permits for EUs P001 and K002; and 2009 through 2011 City of Cleveland Air Contaminant Source permits for EU P002. CDAQ received payment on October 18, 2011.

The corrective action was received in a timely manner 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.

This letter 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 Armature Coil: 13-18-00-6309.

Sincerely,

A handwritten signature in cursive script that reads "Linda Kimmy".

Linda Kimmy  
Field Enforcement Manager, CDAQ

LK/dlw

cc: Facility File and L:\Data\Facilities\1318006309\2011-08-19 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, *face up* on the front if space permits.

1. Article Addressed to: 00-6309 NEAR

BOB HERAN  
ARMATURE COIL EQUIP.  
4725 MANUFACTURING RD  
CLEVELAND OH 44135

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Robert F. Heran  Agent  
 Addressee

B. Received by (*Printed Name*) ROBERT F. HERAN C. Date of Delivery 10-24-4

D. Is delivery address different from item 1?  Yes  
 If 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

2. Article Number  
7010 1870 0000 6591 4872