



City of Cleveland  
Frank C. Jackson, Mayor

Department of Public Health  
Division of Air Quality  
75 Erieview Plaza *And Fl*  
Cleveland, OH 44114-1839

SERVING OHIO EPA AS AGENCY 13  
FOR CUYAHOGA COUNTY

CERTIFIED MAIL 7002 2030 0001 1808 7698  
RETURN RECEIPT REQUESTED

February 23, 2009

Scott Rehder  
Oglebay Norton Cleveland Bulk Terminal (d.b.a: Carmeuse Lime and Stone)  
P.O. Box 179  
2 East Bay Drive  
Erie, PA 16512-0179

HIGH PRIORITY FACILITY  
HIGH PRIORITY VIOLATOR - [GC7]

FACILITY ID: 1318006458  
RECEIPT OF CORRECTIVE ACTION PLAN FOR EXCEEDING LIMITATIONS OF  
PERMIT-TO-INSTALL #13-4611

Dear Mr. Pierce:

On December 12, 2008, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring Carmeuse Lime and Stone to maintain the silt content of limestone at 2% or less since. CDAQ is in receipt of a corrective action plan dated February 3, 2009.

In the letter, Carmeuse Lime and Stone states they will file an amended quarterly deviation report to reflect the deviation of the 2% silt content; they will submit a PTIO application for emission unit: F003 to modify the silt content of the limestone to 20% by February, 27, 2009; and they will take into account any load or loads of limestone that were received at higher than 2% silt content in 2008 when completing the 2008 fee emission report, for purposes of quantifying fugitive emissions from the site.

You are expected to comply with submitting amended quarterly deviation reports and a modified PTIO application for F003 by February 27, 2009. Failure to do so may result in referral to Ohio EPA or U.S. EPA for further enforcement action. Fulfillment of your commitments included in the corrective active plan and/or any modifications contained within this letter does not constitute a waiver of CDAQ's ability to refer this matter to Ohio EPA or U.S. EPA for further enforcement action.



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 Mike Samec at 216-420-7682. All correspondence with CDAQ must include the Ohio EPA facility identification number for Oglebay Norton Cleveland Bulk Terminal: 1318006458.

Sincerely,

Valencia White  
Field Enforcement Manager, CDAQ

VW/ms

cc: Lindon D. Pierce, Carmeuse Lime Stone (certified mail # 7002 2030 0001 1808 7704)  
Richard Nemeth and Michael J. Krzywicki, CDAQ  
John Paulian, Ohio EPA Central Office  
Lisa Holscher, U.S. EPA Region V  
Facility File and L:\Data\Facilities\1318006458\2008-11-20 RCAP.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:  
 00-6458  
 Scott Rehder  
 Oglebay Norton Clev. Bulk Term  
 PO Box 179  
 East Bay Dr.  
 Erie PA 16512-0179

2. Article Number  
 (Transfer from service label) 7002 2030 0001 1808 7698

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 x Tina Elder  Agent  Addressee

B. Received by (Printed Name) Tina Elder C. Date of Delivery 8-5-09

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

- 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: 006458

Wendy Pierce  
 1967 W County Rd 42  
 Bettsville, OH 44815

A. Signature <input checked="" type="checkbox"/> <i>Darlene Truman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
B. Received by (Printed Name) <i>Darlene Truman</i>	C. Date of Delivery <i>2/26/09</i>
<input checked="" type="checkbox"/> Delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
BETTSVILLE OH PO BOX 708 FEB 26 2009 Bettsville OH 44815	
3. Service Type	
<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Insured <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Transfer from service label) **7002 2030 0001 1808 7704**