



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 7003 1010 0004 2923 4383  
RETURN RECEIPT REQUESTED**

September 14, 2010

Jim Soliman  
Gas USA #3  
3101 Scranton Road  
Cleveland, OH 44109

**FACILITY ID: 13-18-00-6690  
NOTICE OF VIOLATION FOLLOW-UP LETTER**

Dear Mr. Soliman:

On August 16, 2010, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring Gas USA #3 to perform annual Stage II testing and obtain city permits-to-operate by submitting city permit fees for calendar years 2006, 2007, 2008 and 2009. CDAQ is in receipt of city permit fees dated August 24, 2010 and CDAQ's Megan Murphy witnessed Stage II testing pass on September 13, 2010.

Stage II test results are to be submitted to CDAQ within thirty (30) days following the completion of the test(s) as required in Ohio Administrative Code (OAC) Rule 3745-21-09(DDD)(2)(c).

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.

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 Andrew Marantides at (216) 420-8049. All correspondence with CDAQ must include the Ohio EPA facility identification number for Gas USA #3: 13-18-00-6690.

Sincerely,

*Linda Kimmy for G.B.*  
George Baker  
Chief of Enforcement, CDAQ  
GB/AM

cc: John Paulian, Ohio EPA Central Office  
Lisa Holscher, U.S. EPA Region V  
Facility File and L:\Data\Facilities\1318006690\2010-8-12 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: 00-6690  
 Jim Soliman  
 Gas USA #3  
 3101 Scranton Road  
 Cleveland, OH 44109

2. Article Number 7003 1010 0004 2923 4383  
*(Transfer from service label)*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Jim Soliman  Agent  Address  
 B. Received by (Printed Name) J. Soliman C. Date of Delivery 9-16-10

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes