



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 7005 2510 0006 1130 7851  
RETURN RECEIPT REQUESTED

April 13, 2009

David Nye  
TrueNorth  
3711 LeHarp Road  
Youngstown, OH 44515

FACILITY ID: 13-18-00-6858  
NOTICE OF VIOLATION FOLLOW-UP LETTER

Dear Mr. Nye:

On March 26, 2009, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation to TrueNorth #375 for failure to conduct a Dynamic Pressure test. CDAQ is in receipt of the required test results on 4-13-2009.

The corrective action plan was received 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 TrueNorth #375: 13-18-00-6858.

Sincerely,

A handwritten signature in cursive script that reads "Valencia White".

Valencia White  
Field Enforcement Manager, CDAQ

VW/AM

cc: John Paulian, Ohio EPA Central Office  
Facility File and L:\Data\Facilities\1318006858\2009-4-13 NEAR.docx

**ENDER: COMPLETE THIS SECTION**

Complete items 1, 2, a . 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.

Article Addressed to:

David Nye  
True North  
3711 LeHarps Road  
Youngstown, OH 44515

00-6858

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *James Shealy*  Addressee

B. Received by (Printed Name)  Date of Delivery  
*4-18-09*

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

Article Number

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