



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 2914  
RETURN RECEIPT REQUESTED

January 14, 2010

Steve Taye  
Midtown Clark  
5400 Euclid Ave.  
Cleveland, OH 44103-3708

NON-HPV

FACILITY ID: 13-18-00-7302  
NOTICE OF VIOLATION FOLLOW-UP LETTER

Dear Mr. Taye:

On December 2, 2009, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation to Midtown Clark for the failure to successfully perform static leak and air-to-liquid (A/L) ratio tests on dispensers #1, #3, #4, #5 and #6. CDAQ observed the required, successful re-tests of the static leak and the A/L ratio on dispensers #1, #3, #4, #5 and #6 on December 23, 2009.

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.

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. 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 Midtown Clark: 13-18-00-7302.

Sincerely,

George P. Baker  
Chief of Enforcement, CDAQ

**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: **-00-75012**

**STEVE TAYE  
MIDTOWN CLARK  
5400 EUCLID AVE  
CLEVELAND OH 44103**

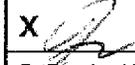
2. Article Numbr

(Transfer fro)

**7003 1010 0004 2923 2914**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** 

Agent

Addressee

B. Received by (Printed Name)

**JR**

C. Date of Delivery

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