



City of Cleveland
Frank G. Jackson, Mayor

Department of Public Health
Division of Air Quality
75 Erievew 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 7009 3410 0002 1934 0489
RETURN RECEIPT REQUESTED**

July 19, 2010

Arthur Low, Jr.
Prime Properties LTD Partnership
1370 West 6th St. Ste. 206
Cleveland, OH 44113

FACILITY ID: 13-18-00-7317

RECEIPT OF CORRECTIVE ACTION PLAN: Failure to conduct annual Stage II testing; Failure to provide proof of attendance and completion of training required by Ohio EPA; Failure to provide records of maintenance; Failure to conspicuously post operating instructions which clearly state "Do Not Top Off"

Dear Mr. Low:

On June 15, 2010, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requesting that Prime Properties LTD Partnership (Prime #6) dba Liberty Gas complete the following requirements:

- Conduct annual Stage II testing and submit test results
- Submit a copy Stage II compliance specialist certificate for Prime #6 once the required training has been completed
- Post operating instructions on each dispenser
- Submit a corrective action plan stating how records of maintenance will be maintained in the future for a period of not less than three years and be made available to the director or any authorized representative of the director for review during normal business hours

CDAQ witnessed annual Stage II testing on July 14, 2010. You are still expected to comply with the following requirements within fourteen (14) days of receipt of this letter :

- Submit a copy Stage II compliance specialist certificate for Prime #6 once the required training has been completed
- Post operating instructions on each dispenser
- Submit a corrective action plan stating how records of maintenance will be maintained in the future for a period of not less than three years and be made available to the director or any authorized representative of the director for review during normal business hours



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 action 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. Please submit any future correspondence related to this matter to the following enforcement representative:

Megan Murphy
Cleveland Division of Air Quality
75 Erieview Plaza 2nd Floor
Cleveland, Ohio 44114-1839

CDAQ also requests that Prime #6 provide proof of the most recent blockage test performed and submit test results to CDAQ within fourteen (14) days of receipt of this letter.

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 Megan Murphy at 216-664-4258. All correspondence with CDAQ must include the Ohio EPA facility identification number for Prime #6: 13-18-00-7317.

Sincerely,

Linda Jimmy for G.B.
George Baker
Chief of Enforcement, CDAQ

GB/mm

cc: John Paulian, Ohio EPA Central Office
Lisa Holscher, U.S. EPA Region V
Facility File and L:\Data\Facilities\1318007317\2010-6-10 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:

Art Low
 Prime #6
 1370 W 6th. St. Ste 206
 Cleveland, OH 44113

2. Article Number
(Transfer from service label)

7009 3410 0002 1934 0489

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Patricia* Agent
 Address

B. Received by (Printed Name)

C. Date of Delivery

7/10

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