



City of Cleveland  
Frank G. Jackson, Mayor

Department of Public Health  
Division of Air Quality  
75 Erievue 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 7002 2030 0001 1807 9143  
RETURN RECEIPT REQUESTED

September 22, 2009

Clydie Nelson  
St. Clair Shell  
12307 St. Clair Avenue  
Cleveland, OH 44108

NON-HPV

FACILITY ID: 13-18-00-7497

NOTICE OF VIOLATION: Failure to conduct annual Air-to-Liquid Ratio and Static Leak tests, and failure to obtain city permits to operate and pay city permit fees for 2006, 2007, 2008 and 2009

Dear Ms. Nelson:

On September 15, 2009, the Cleveland Division of Air Quality (CDAQ) inspected St. Clair Shell located at 12307 St. Clair Avenue in Cleveland. This letter serves as notification that you are operating sources in violation of the following applicable air statutes, air regulations, or air permit conditions.

CDAQ has determined that St. Clair Shell has failed to conduct an Air-to-Liquid Ratio test and a Static Leak test since June 19, 2008, as stipulated in Ohio Administrative Code (OAC) Rule 3745-21-09(DDD)(2). This is a violation of Ohio Administrative Code Rule 3745-21-09(DDD)(2) and Ohio Revised Code Section 3704.05(G).

Also, St. Clair Shell has not obtained city permits to operate or paid city permit fees for calendar years 2006, 2007, 2008 and 2009. This is a violation of City of Cleveland Codified Ordinance 259.01 and 263.01.

Unless you undertake some type of corrective action with respect to the above noted violations, you will remain in non-compliance. CDAQ requests that St. Clair Shell submit a corrective action plan within thirty (30) days of receipt of this letter to the following enforcement representative:

Andrew Marantides  
Cleveland Division of Air Quality  
75 Erievue Plaza 2<sup>nd</sup> Floor  
Cleveland, Ohio 44114-1839



CDAQ also requests that St. Clair Shell obtain city permits-to-operate by submitting city permit fees for calendar years 2006, 2007, 2008 and 2009 within thirty (30) days of receipt of this letter to the following address:

City Permit Fee Invoices  
Cleveland Division of Air Quality  
75 Erieview Plaza 2<sup>nd</sup> Floor  
Cleveland, Ohio 44114-1839

Violations of Ohio air pollution laws and /or permit terms and conditions are subject to the penalties stipulated in Ohio Revised Code Section 3704.99(A), which allows fines of not more than twenty-five thousand dollars or imprisonment for not more than one year, or both, for each violation.

Free assistance with state and/or federal regulations, rules, laws or permit conditions can be provided at no charge through the Ohio EPA Office of Compliance Assistance and Pollution Prevention (OCAPP). OCAPP can be contacted at <http://www.epa.state.oh.us/ocapp> or (614) 644-3469 or (800) 329-7518.

CDAQ makes no guarantee that the facility will meet the qualifying guidelines established by OCAPP.

OCAPP can also provide assistance to facilities that want to investigate methods of pollution prevention to reduce raw material usage and waste production. Again, there is no charge for their services.

CDAQ issues this letter with Ohio EPA's concurrence. The failure to mention any specific violation 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 St. Clair Shell: 13-18-00-7497.

Sincerely,

George Baker  
Chief of Enforcement

GB/AM IK

cc: 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\1318007497\2009-9-15 NOV.docx

encl: City permit fee invoices for calendar years 2006, 2007, 2008 and 2009

**UNDER-POSTAGE 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.

Article Addressed to:

Clydie Nelson  
St. Clair Shell  
12307 St. Clair Avenue  
Cleveland, OH 44108

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Clydie Nelson*  
B. Received by (Printed Name) C. Date of Delivery  
10/1/04

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

Article Number (Transfer from service label) 7002 2030 0001 1807 9143