



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 5830  
RETURN RECEIPT REQUESTED**

September 14, 2010

James Murphy  
Greenfield Crematory  
P.O. Box 24638  
Cleveland, OH 44124-0638

**FACILITY ID: 13-18-00-7924  
NOTICE OF VIOLATION FOLLOW-UP LETTER**

Dear Mr. Murphy:

On June 11, 2010, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring Greenfield Crematory to obtain city permits to operate by submitting city permit fees for calendar years 2006, 2007 and 2008, visibly post N001's permit terms and conditions near the incinerator, and schedule a site visit to verify if the incinerator's afterburner is capable of reaching the 1600 degrees Fahrenheit minimum temperature requirement.

CDAQ received city permit fees for 2006, 2007 and 2008 on June 17, 2010 and CDAQ (Andrew Marantides and Mary McGeary) made a site visit to Greenfield Crematory at 5466 Lake Court on July 21, 2010 and verified that the permit terms and conditions were posted near the incinerator, but also that the afterburner cannot reach the minimum temperature requirement of 1600 degrees Fahrenheit.

CDAQ then issued a Receipt of Corrective Action Plan (RCAP) letter requiring Greenfield Crematory to submit a copy of the recordkeeping template that will be used to comply with all permit recordkeeping requirements and to submit a corrective action plan stating how Greenfield Crematory would either meet the permit requirements specified in N001's Permit to Operate (PTO) or request a modification to the PTO with an explanation as to why N001 cannot meet the permit requirements.

CDAQ is in receipt of a recordkeeping template dated September 9, 2010 and a permit modification request dated September 10, 2010. Greenfield Crematory is expected to operate N001's afterburner at the minimum temperature of 1200



degrees Fahrenheit proposed in the permit modification request until the decision is made to accept or reject the permit modification request.

The corrective action plan was received in a timely manner and appropriate steps were taken to address CDAQ's requests. 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 Greenfield Crematory: 13-18-00-7924.

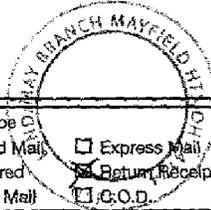
Sincerely,

*Linda Kimmy for G.B.*

George Baker  
Chief of Enforcement, CDAQ

GB/AM

cc: Craig Nicol, Greenfield Crematory  
Mary McGeary, CDAQ  
John Paulian, Ohio EPA Central Office  
Lisa Holscher, U.S. EPA Region V  
Facility File and L:\Data\Facilities\1318007924\2010-6-7 NEAR.docx

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>  <i>James P. Murphy</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <b>JAMES P. MURPHY</b></p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em;">Jim Murphy Greenfield Crematory P.O. Box 24638 Cleveland, OH 44124-0638</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center;">  </div> <p>3. Service Type <input type="checkbox"/>   <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number  <small>(Transfer from service label)</small></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="font-size: 1.2em; text-align: center;">7003 1010 0004 2923 5830</p>