



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 5328  
RETURN RECEIPT REQUESTED

January 15, 2010

Mohammad Al Ahmad  
Open Pantry  
5222 Fleet Avenue  
Cleveland, OH 44105

**FACILITY ID: 13-18-00-7929**  
**NOTICE OF VIOLATION FOLLOW-UP LETTER**

Dear Mr. Al Ahmad:

On January 5, 2010, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation stating that failing Stage II testing in two consecutive years caused Reham Food Mart, Inc. to be subject to the Ohio EPA Gasoline Dispensing Facility (GDF) Enforcement Policy and that the facts were being referred to the Ohio EPA for evaluation.

Ohio EPA 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. Please be aware that failing Stage II testing in two consecutive years may subject your facility to the Ohio EPA GDF Enforcement Policy in the future.

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 Reham Food Mart, Inc.: 13-18-00-7929.

Sincerely,

  
George Baker  
Chief of Enforcement, CDAQ

GB/AM

cc: John Paulian, Ohio EPA Central Office  
Lisa Holscher, U.S. EPA Region V  
Facility File and L:\Data\Facilities\1318007929\2010-01-05 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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Mohammad Al Ahmad Open Pantry 5222 Fleet Avenue Cleveland, OH 94105</p>	<p>Hendi Huddleson 1/13/10</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> <p>3. Service Type  <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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7002 2030 0001 1807 9365</p>
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

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<p>1. Article Addressed to:</p> <p>Mohammad Al Ahmad Open Pantry 5222 Fleet Avenue Cleveland, OH 94105</p>	<p>Carry Pas 1/12/10</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> <p>3. Service Type  <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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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