



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 2525
RETURN RECEIPT REQUESTED**

February 10, 2011

Amer Al Ahmed
Clarkway-Lee Gas Mart
4239 Lee Road
Cleveland, OH 44128

NON-HPV

FACILITY ID: 13-18-00-7934

**NOTICE OF VIOLATION: Failing Annual Stage II Testing (Static Leak Test) and
Failure to Obtain a City Permit-to-Operate for Calendar Year 2010**

Dear Mr. Al Ahmed:

On February 10, 2011, the Cleveland Division of Air Quality (CDAQ) inspected Clarkway-Lee Gas Mart located at 4239 Lee Road 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's Andrew Marantides witnessed Clarkway-Lee Gas Mart fail a static leak test on February 10, 2011. The failure to successfully pass the testing requirements specified in Ohio Administrative Code (OAC) Rule 3745-21-09(DDD)(2), while causing, allowing, or permitting the transfer of gasoline from a stationary storage tank into a motor vehicle, are violations of OAC Rule 3745-21-09(DDD)(1)(c) and Ohio Revised Code (ORC) Chapter 3704.05(G).

Clarkway-Lee Gas Mart has also failed to obtain a city permit-to-operate by submitting a city permit fee for calendar year 2010. This is a violation of City of Cleveland Codified Ordinances 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 Clarkway-Lee Gas Mart perform all necessary repairs, schedule another annual Stage II test (Static Leak, Air-to-Liquid and Dynamic Pressure tests) and contact CDAQ's Andrew Marantides at (216) 420-8049 to witness the re-test.



CDAQ also requests that Clarkway-Lee Gas Mart obtain a city permit-to-operate by submitting a city permit fee for calendar year 2010 to the following address:

City Permit Fee Invoices
Cleveland Division of Air Quality
75 Erieview Plaza, Suite 200
Cleveland, OH 44114-1839

Your verbal and written response to this letter must be received by CDAQ's Andrew Marantides within thirty (30) days of your receipt of this letter. If there is insufficient time to correct the alleged violations within this timeframe, your response must include a timeline for correcting the alleged violations.

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.

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 Clarkway-Lee Gas Mart: 13-18-00-7934.

Sincerely,

Linda Kimmy
Field Enforcement Manager

LK/AM

cc: George P. Baker, CDAQ
Michael J. Krzywicki, CDAQ
John Paulian, Ohio EPA Central Office
William MacDowell, U.S. EPA Region V
Facility File and L:\Data\Facilities\1318007934\2011-2-10 NOV.docx

encl: City permit fee invoice for calendar year 2010

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:

Amer Al Ahmed
Clarkway-Lee Gas Mart
4239 Lee Road
Cleveland, OH 44128

2. Article Number
(Transfer from service label)

7003 1010 0004 2923 2525

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

18 Feb 11

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes