



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 3942
RETURN RECEIPT REQUESTED**

April 18, 2011

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

NON-HPV

FACILITY ID: 13-18-00-7934

SECOND NOTICE OF VIOLATION: Failing Annual Stage II Testing and Failure to Obtain a City Permit to Operate for Calendar Year 2010

Dear Mr. Ahmed:

On February 10, 2011, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation because Clarkway-Lee Gas Mart at 4239 Lee Road in Cleveland failed a Stage II test on February 10, 2011 and failed to obtain a city permit to operate for calendar year 2010. Clarkway-Lee Gas Mart has not successfully passed a Static Leak Test since February 3, 2010, an Air-to-Liquid Ratio Test since February 3, 2010 or a Dynamic Pressure (Blockage) Test since March 23, 2006. This letter serves as notification that you are still operating sources in violation of the following applicable air statutes, air regulations, or air permit conditions.

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 and schedule another annual Stage II test and contact CDAQ's Andrew Marantides at (216) 420-8049 to witness the re-test as well as obtain a city permit to operate by submitting a city permit fee for calendar year 2010 to the following enforcement representative:

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

Your written response to this letter must be received by CDAQ 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.

The appropriate permit application(s) and supplemental form(s) are included with this letter. Please note that all permit applications submitted to CDAQ must include original signatures. Photocopied signatures are not valid; the application will not be accepted by CDAQ and will be returned to you if original signatures are not provided.

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 2nd NOV.docx

encl: City permit fee invoice for calendar year 2010

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, & 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:

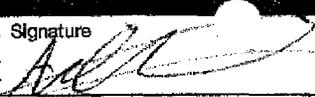
Amer Al Ahmed
 Clarkway - Lee Gas Mart
 4239 Lee Road
 Cleveland, OH 44128

2. Article Number

*(Transfer from service label)***COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

19 Apr 11

D. Is delivery address different from Item 1? YesIf 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

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