



City of Cleveland
Frank G. Jackson, Mayor

Department of Public Health
Division of Air Quality
1925 St. Clair Avenue
Cleveland, Ohio 44114-2080
216/664-2297 • Fax: 216/420-8047
www.clevelandhealth.org

**SERVING OHIO EPA AS AGENCY 13
FOR CUYAHOGA COUNTY**

**CERTIFIED MAIL 7001 2510 0005 0682 9710
RETURN RECEIPT REQUESTED**

July 27, 2007

Sam Hasanain
3955 Woodside Dr.
North Olmsted, Oh 44070-1533

**FACILITY ID: 1318008185
NOTICE OF VIOLATION FOLLOW-UP LETTER**

Dear Mr. Hasanain:

On June 19, 2007, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation to Convenient Food Mart for failure to conduct a Dynamic Pressure test, an Air-to-Liquid Ratio test, and a Static Leak test. CDAQ is in receipt of the required test results on July 23, 2007. Additionally, it was confirmed that appropriate records are being maintained.

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 John Szleszynski at 216/664-7447. All correspondence with CDAQ must include the Ohio EPA facility identification number for Convenient Food Mart: 1318008185.

Sincerely,

A handwritten signature in black ink that reads "George Baker for CDAQ".

George Baker
Chief of Enforcement, CDAQ

GB/js

cc: Richard Nemeth and Michael J. Krzywicki, CDAQ
John Paulian, Ohio EPA Central Office
Facility File and L:\Data\Facilities\1318008185\2007-06-13.NEAR1.doc

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3 to 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to: <i>NEAR 008185</i></p> <p><i>Sam Masanain</i> <i>3955 Woodside Dr</i> <i>North Olmsted, OH 44070-1533</i></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 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>7001 2510 0005 0682 9710</p>
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2500</p>	

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<p>2. Article Number (Transfer from service label)</p>	<p>7001 2510 0005 0682 7556</p>
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2500</p>	