



City of Cleveland
Frank G. Jackson, Mayor

Department of Public Health
Division of Air Quality
75 Erieview Plaza, Suite 200
Cleveland, Ohio 44114-1839
216/664-2237 • Fax: 216/420-8047
www.clevelandhealth.org

SERVING OHIO EPA AS AGENCY 13
FOR CUYAHOGA COUNTY

CERTIFIED MAIL 7009 3410 0002 1934 0408
RETURN RECEIPT REQUESTED

June 29, 2010

John Gillota, Jr.
Gillota, Inc. dba H Gas
415 Hines Hill Road
Hudson, OH 44236

FACILITY ID: 13-18-00-8233
NOTICE OF VIOLATION FOLLOW-UP LETTER

Dear Mr. Gillota:

On May 27, 2010, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring H Gas to obtain 2009 city permits-to-operate by submitting city permit fees for G001, and conduct Stage II testing and submit the test results within thirty (30) days of receipt of the letter. CDAQ is in receipt of city permit fees dated June 11, 2010 and Stage II test results dated June 28, 2010.

The corrective action plan was received in a timely manner and appropriate steps were taken to bring the source into compliance. 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 Megan Murphy at 216-664-4258. All correspondence with CDAQ must include the Ohio EPA facility identification number for H Gas: 13-18-00-8233.

Sincerely,

Linda Jimmy for G.B.
George Baker
Chief of Enforcement, CDAQ

GB/mm

cc: John Paulian, Ohio EPA Central Office
Lisa Holscher, U.S. EPA Region V
Facility File and L:\Data\Facilities\1318008233\2010-5-20 NEAR.doc

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:
 John Gillota
 H Gas
 415 Hines Hill Rd.
 Hudson, OH 44236

2. Article Number (Transfer from service label) **7009 3410 0002 1934 0403**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent

Rudy Wagner Addressee

B. Received by (Printed Name) *Rudy Wagner* C. Date of Delivery *7/7/10*

D. Is delivery address different from item 1? Yes
If 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

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:
 John Gillota
 H Gas
 415 Hines Hill Rd.
 Hudson, OH 44236

2. Article Number (Transfer from service label) **7009 3410 0002 1933 8714**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

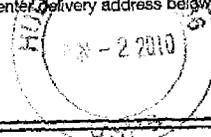
COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent

Rudy Wagner Addressee

B. Received by (Printed Name) *Rudy Wagner* C. Date of Delivery

D. Is delivery address different from item 1? Yes
If 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