



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 #70022030000118088398
RETURN RECEIPT REQUESTED**

January 7, 2010

John Daher
Freeway Sunoco
15504 Waterloo Road
Cleveland, OH 44110

**FACILITY ID: 13-18-00-8353
NOTICE OF VIOLATION FOLLOW-UP LETTER**

Dear Mr. Daher:

On October 7, 2009, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation letter requesting that Freeway Sunoco obtain city permits-to-operate by submitting city permit fees for calendar years 2007, 2008 and 2009. Also, CDAQ requested that Freeway Sunoco forward a copy of all Stage II test results from 2009, including the static leak test results from the test performed on August 20, 2009.

CDAQ received the payment of city permit fees for calendar years 2006, 2007, 2008 and 2009 on October 20, 2009. CDAQ sent city permits-to-operate on October 27, 2009.

On November 24, 2009, the Cleveland Division of Air Quality (CDAQ) issued a Receipt of Corrective Action again requesting Freeway Sunoco submit a copy of all Stage II test results from 2009, including the static leak test results from the test performed on August 20, 2009.

On December 8, 2009, CDAQ received a copy of all Stage II test results from 2009, including the static leak test results from the test performed on August 20, 2009.

The corrective action was received and appropriate steps were taken to bring the source into compliance regarding this violation. 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. Separate correspondence will be issued regarding the failure of the August 20, 2009, Stage II test.

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 Kenney at 216-420-7683. All correspondence with CDAQ must include the Ohio EPA facility identification number for Freeway Sunoco: 13-18-00-8353.

Sincerely,

Linda Kimmy for GB

George Baker
Chief of Enforcement, CDAQ
GB/ak

cc: John Paulian, Ohio EPA Central Office
Lisa Holscher, U.S. EPA Region V
Facility File and L:\Data\Facilities\1318008353\2009-9-15 NEAR.doc

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	A. Signature <input checked="" type="checkbox"/> <i>J. Cottrell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <p style="text-align: center;">John Daher Freeway Sunoco 15504 Waterloo Rd Cleveland OH 44110</p>	B. Received by (Printed Name) _____ C. Date of Delivery _____
2. Article Number (Transfer from service) <u>7002 2030 0001 1808 8183</u>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, August 2001	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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Domestic Return Receipt	Low city fee 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	A. Signature <input checked="" type="checkbox"/> <i>J. Cottrell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
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PS Form 3811, August 2001	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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Domestic Return Receipt	NEAL 102595-02-M-1540