



City of Cleveland
Frank G. Jackson, Mayor

Department of Public Health
Division of Air Quality
75 Erieview Plaza, Second Floor
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 7011 3500 0000 1759 7679
RETURN RECEIPT REQUESTED

5/29/12

Naser Najjar
Owner
Giant Petroleum 2, Inc., dba Sunoco
28021 Miles Rd.
Chagrin Falls, 44022

FACILITY ID: 13-18-14-7944
NOTICE OF VIOLATION FOLLOW-UP LETTER

Dear Mr. Najjar:

On 1/20/12, the Cleveland Division of Air Quality (CDAQ) inspected Giant Petroleum 2, Inc., dba Sunoco located at 28021 Miles Rd. in Chagrin Falls. On 1/24/12, CDAQ issued a Notice of Violation (NOV) requesting that Sunoco submit a Permit to Install/Operate (PTIO) application or a Permit by Rule (PBR) Notification Form for emissions unit (EU) G001: Stage I and Stage II gasoline dispensing facility; conduct required Stage II Vapor Recovery testing; provide copies of required record keeping and certification of Stage II Vapor Recovery training.

On 3/7/12, CDAQ issued a Receipt of Corrective Action Plan (RCAP) letter after having witnessed successful Stage II vapor recovery testing on 2/21/12. Additionally, the RCAP letter specified that you were still expected to comply with submitting a PTIO or a PBR Notification Form; provide copies of required record keeping, Stage II vapor recovery testing results and certification of Stage II Vapor Recovery training.

On 3/20/12, CDAQ received copies of the successful Stage II vapor recovery testing results. And, on 4/4/12, CDAQ received a PBR Notification Form for Giant Petroleum 2, Inc. dba Sunoco located at 28021 Miles Rd. in Chagrin Falls.

On 4/9/12, CDAQ issued a second RCAP letter acknowledging the receipt of the hard copy Stage II vapor recovery testing results and the PBR Notification Form. The second RCAP letter also stated you were still expected to comply with submitting copies of required record keeping ; quantity of gas delivered monthly; log of all repair and maintenance work performed, including date/description and certification of Stage II Vapor Recovery training for the operator or local manager.

On 5/23/12, CDAQ received electronic copies of required record keeping; quantity of gas delivered monthly and a log of all repair and maintenance work performed, including date/description. And, on 5/24/12, CDAQ received an electronic version of the certification of Stage II Vapor Recovery training for the operator or local manager, Kerolos Ayad.



The corrective action plan was received 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 Dave DeChant at 216-664-3213. All correspondence with CDAQ must include the Ohio EPA facility identification number for Giant Petroleum 2, Inc., dba Sunoco: 13-18-14-7944.

Sincerely,

A handwritten signature in black ink that reads "Valencia White".

Valencia White
Chief of Enforcement, CDAQ

VW/ddLk

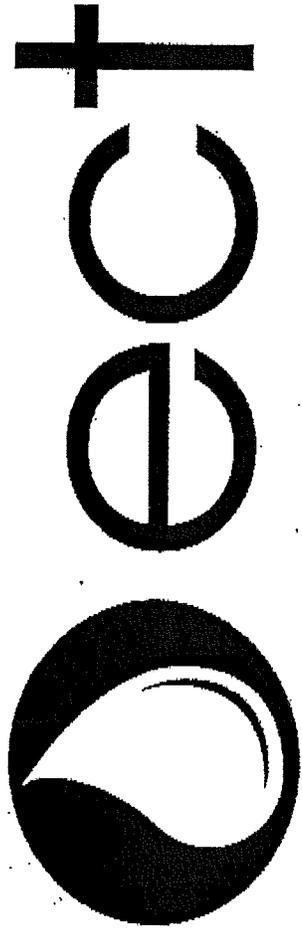
cc: John Paulian, Ohio EPA Central Office
William MacDowell, U.S. EPA Region V
Facility File and L:\Data\Facilities\1318147944\2012-1-20 NEAR.docx

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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>5/31/12</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Naser Najjar, Owner Giant Petroleum 2, Inc. dba Sunoco 28021 Miles Rd. Chagrin Falls, OH 44022</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>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.5em; font-weight: bold;">13-18-14-7941</p>	<p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="font-size: 1.2em; font-weight: bold;">7011 3500 0000 1759 7679</p>

DeChant, Dave

From: Nick Najjar <nnajjar99@gmail.com>
Sent: Wednesday, May 23, 2012 4:22 PM
To: DeChant, Dave
Subject: SUNOCO MILES AND BRAINARD REPAIR TICKETS
Attachments: SUNOCO ECT REPAIR TICKETS.PDF

HERE ARE THE REPAIR TICKETS FROM ECT.
THANKS



Environmental Compliance Technologies

This is to certify that

KEROLOS AYAD

*has completed the Facility Stage II Training Program and has demonstrated his
his knowledge by successfully completing an examination of the subject
material with a score of greater than seventy percent.*

DATE: 5/23/2012

CERTIFICATION #: S2T-05232012

BY:

**Amih Mohammad
Trainer**



Environmental Compliance Technology, LLC
 6451 BARBERTON AVE. SUITE 200 • CLEVELAND, OH 44132
 (216) 491-7311 • FAX (216) 491-7314 • WWW.ECTONLINE.COM

WORK ORDER/INVOICE

04-11-2004

Customer Information	
P.O. #	
Request Date:	
Requested By:	
Customer Name:	
Address:	
City, State Zip:	
County:	
Phone:	

Type of Request			
	52-Static Leak		Tank Tightness
	52-Air To Liquid		Cathodic Protection
	52-Dynamic (Blockage)		Helium Pinpoint
	Line/Leak Detector		Oxide Analysis
	Operational Inspection		Maintenance
	Sump Test		Construction
	Other _____		Other _____
	Other _____		Other _____

Assignment			
Assigned To:		Assignment Date:	

Description of Work Order Request/Problem

Description of Work performed Detail

Material/Parts/Equipment Used				
Item #	Description	Qty	Unit Cost	Total Material/Parts/Equipment
Total Material/Parts/Equipment				

Labor						
Arrival Time	Departure Time	Total Onsite Time	# Hours	Rate	Total Labor	

Travel						
Travel Departure	Travel Arrival	Total Travel Time	Miles	Rate	Total Travel	

Service Call	
--------------	--

Taxes		
County	Rate	Total Taxes

TOTAL DUE	
------------------	--

The above listed Customer does hereby agree to the Terms and Conditions on the back of this form. In addition, Customer does hereby agree to have Environmental Compliance Technology, LLC (ECT) perform the above listed work. The Customer does not hereby agree to pay ECT for all the work that was performed along with the Material, Parts, Equipment, Labor, Travel, Service Call, and Taxes as listed above. The Terms for payment shall be made immediately upon demand.

Customer: _____ Date: _____



Environmental Compliance Technologies
 6901 BARRETTON AVE., SUITE 200 • CLEVELAND, OHIO 44102
 1-800-370-TEST-8278 • Fax 216-375-9814 • www.environmentaltech.com

WORK ORDER/INVOICE

04-113

Customer Information	
P.O. #	
Request Date:	
Requested By:	
Customer Name:	
Address:	
City, State Zip:	
County:	
Phone:	

Type of Request			
	S2-Static Leak		Leak/Tightness
	S2-Static Liquid		Corrosion Protection
	S2-Dynamic (Blockage)		Helium Pinpoint
	Line/Leak Detector		Octane Analysis
	Operational Inspection		Maintenance
	Sump Test		Construction
	Other _____		Other _____
	Other _____		Other _____

Assignment			
Assigned To:		Assignment Date:	

Description of Work Order Request/Problem
Leak at bottom of tank

Description of Work Performed/Result
Leak at bottom of tank was repaired by welding. Tank is now safe and operational.

Material/Parts/Equipment Used				
Item #	Description	Qty.	Unit Cost	Total Material/Parts/Equipment
Total Material/Parts/Equipment				

Labor					
Arrival Time	Departure Time	Total Onsite Time	\$ Hour	Rate	Total Labor
11:00 AM	1:00 PM	2 hours			

Travel					
Travel Departure	Travel Arrival	Total Travel Time	Miles	Rate	Total Travel
11:00 AM	11:00 AM	0 hours	0		

Service Call	
--------------	--

Taxes		
County	Rate	Total Taxes

TOTAL DUE	
------------------	--

The above listed Customer does hereby agree to the Terms and Conditions on the back of this form. In addition, Customer does hereby agree to have Environmental Compliance Technologies, LLC (ECT) perform the above listed work. The Customer does also hereby agree to pay ECT for all the work that was performed along with the Material, Parts, Equipment, Labor, Travel, Service Call, and taxes as listed above. The Terms for payment shall be made immediately upon demand.

Customer: _____ Date: _____

DeChant, Dave

From: Nick Najjar <nnajjar99@gmail.com>
Sent: Wednesday, May 23, 2012 3:40 PM
To: DeChant, Dave
Subject: SUNOCO MILES AND BRAINARD , ORANGE VILLAGE
Attachments: ORANGE VILLAGE SUNOCO EPA.PDF

HI MR DECANT

HERE ARE THE RECORD KEEPING THAT YOU REQUESTED. PLEASE FIN ATTACHED I WILL BE EMAILING YOU ALSO REPAIR TICKETS IN A FEW MOMENTS AS WELL. THE MANAGER FOR THAT SITE IS NOT BACK YET FROM TRAINING BUT I WILL EMAIL YOU THE CERTIFICATE AS SOON AS HE COMES IN

THANKS



Cleveland Local Air Agency
 Agency 13 - Cuyahoga
 Phone: 216/ 664-2297



Technical Guidance Document

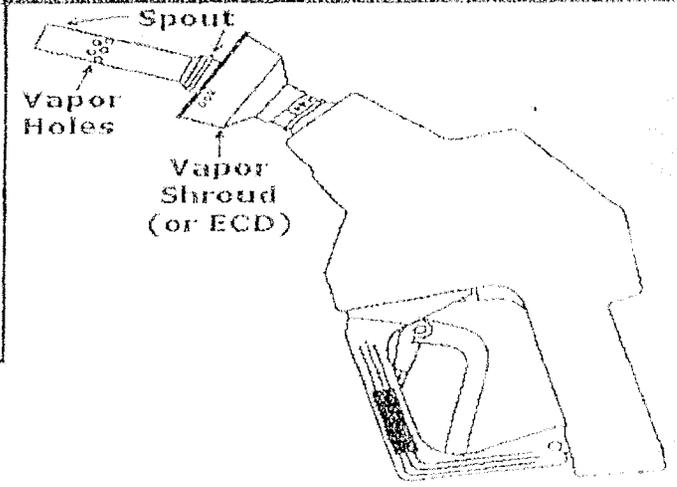
Company Name: _____
 Address: _____

Mo./Year: Dec. 2011

Weekly Inspection - Vapor Recovery System

Place initials of the inspector in the spaces provided *	Week 1							Week 2							Week 3							Week 4							Week 5						
	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Hoses - not crimped, severed, or flattened, etc	✓							✓							✓							✓							✓						
Nozzles - shut-off device working, spout not loose, cracked	✓							✓							✓							✓							✓						
Nozzle Bellows / Vapor Shroud - good condition	✓							✓							✓							✓							✓						
Swivels - working properly, no vapor/liquid leaks	✓							✓							✓							✓							✓						
Dispenser - no liquid/vapor leaks	✓							✓							✓							✓							✓						
Breakaways - securely attached, not leaking vapor/liquid	✓							✓							✓							✓							✓						
Equipment Verification - no missing labels or stickers	✓							✓							✓							✓							✓						
Underground Tanks - all caps in place, cap seats okay	✓							✓							✓							✓							✓						
Tank Area - spill bucket drained; PV vent cap in place	✓							✓							✓							✓							✓						

Note repairs, maintenance, and service performed (include date, time, type of repair, etc...):



**This form is a technical guidance document only and does not constitute legal advice. Compliance with the law is the facility owner and operator's responsibility.



Cleveland Local Air Agency
 Agency 13 - Cuyahoga
 Phone: 216/ 664-2297



Technical Guidance Document

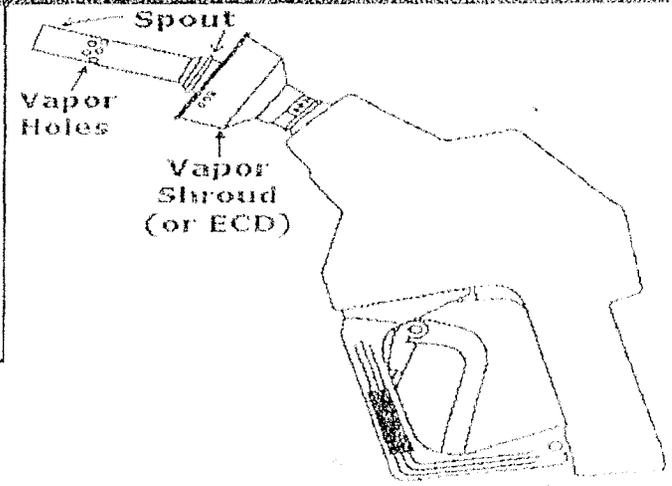
Company Name: _____
 Address: _____

Mo/Year: Jan 2012

Weekly Inspection - Vapor Recovery System

Place initials of the inspector in the spaces provided *	Week 1							Week 2							Week 3							Week 4							Week 5						
	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Hoses - not crimped, severed, or flattened, etc...	✓							✓							✓							✓							✓						
Nozzles - shut-off device working, spout not loose, cracked	✓							✓							✓							✓							✓						
Nozzle Bellows / Vapor Shroud - good condition	✓							✓							✓							✓							✓						
Swivels - working properly, no vapor/liquid leaks	✓							✓							✓							✓							✓						
Dispenser - no liquid/vapor leaks	✓							✓							✓							✓							✓						
Breakaways - securely attached, not leaking vapor/liquid	✓							✓							✓							✓							✓						
Equipment Verification - no missing labels or stickers	✓							✓							✓							✓							✓						
Underground Tanks - all caps in place, cap seals okay	✓							✓							✓							✓							✓						
Tank Area - spill bucket drained; PV vent cap in place	✓							✓							✓							✓							✓						

Note repairs, maintenance, and service performed (include date, time, type of repair, etc...):



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Cleveland Local Air Agency
 Agency 13 - Cuyahoga
 Phone: 216/ 664-2297



Technical Guidance Document

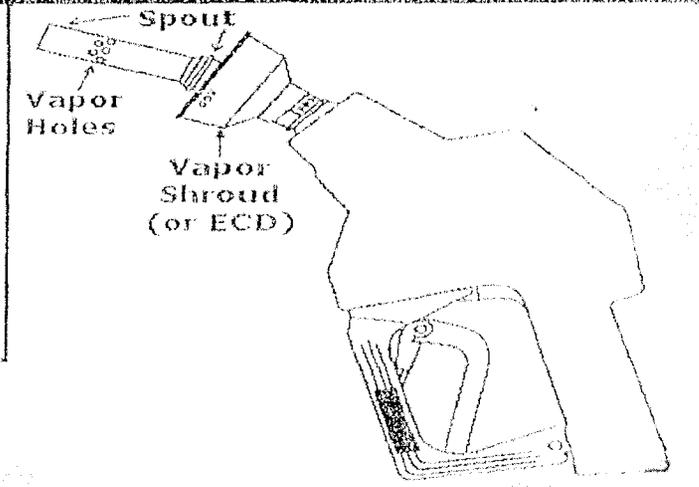
Company Name: _____
 Address: _____

Mo./Year: Feb 2012

Weekly Inspection - Vapor Recovery System

* Place initials of the inspector in the spaces provided *	Week 1							Week 2							Week 3							Week 4							Week 5						
	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Hoses - not crimped, severed, or flattened, etc.	✓						✓								✓												✓								
Nozzles - shut off device working, spout not loose, cracked	✓						✓								✓													✓							
Nozzle Bellows / Vapor Shroud - good condition	✓						✓								✓													✓							
Swivels - working properly, no vapor/liquid leaks	✓						✓								✓													✓							
Dispenser - no liquid/vapor leaks	✓						✓								✓													✓							
Breathways - securely attached, not leaking vapor/liquid	✓						✓								✓													✓							
Equipment Verification - no missing labels or stickers	✓						✓								✓													✓							
Underground Tanks - all caps in place, cap seals okay	✓						✓								✓													✓							
Tank Area - spill bucket drained; PV vent cap in place	✓						✓								✓													✓							

Note repairs, maintenance, and service performed (include date, time, type of repair, etc...):



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Cleveland Local Air Agency
 Agency 13 - Guyanoga
 Phone: 216/ 664-2297



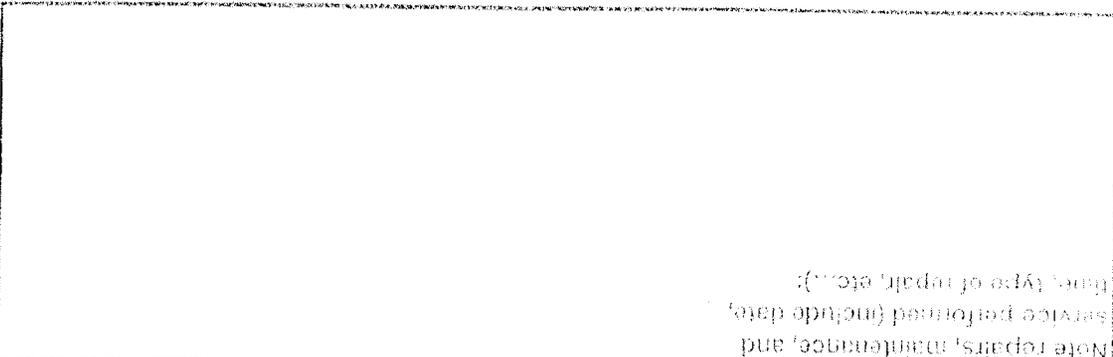
Technical Guidance Document

Weekly Inspection - Vapor Recovery System

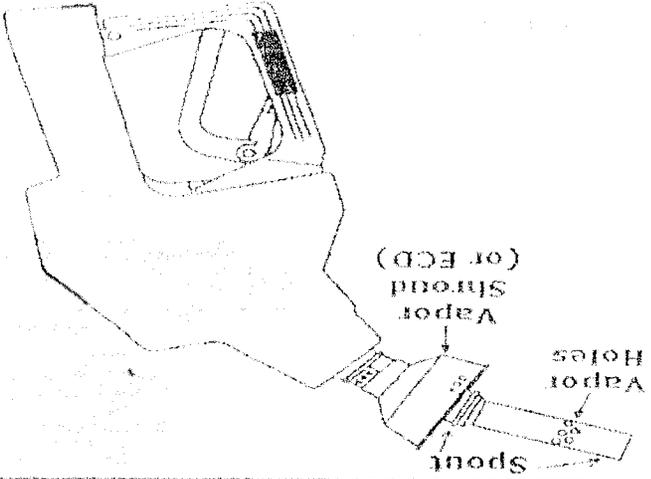
Maxwell Murr 2018

Place initials of the inspector in the spaces provided	Week 1							Week 2							Week 3							Week 4							Week 5						
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Hoses - not empty, covered, or kinked, etc.	✓							✓							✓							✓							✓						
Nozzles - shut off, don't work, spout not loose, cracked	✓							✓							✓							✓							✓						
Nozzle Bellows / Vapor Shroud - good condition	✓							✓							✓							✓							✓						
Swirls - working properly, no vapor/guid leaks	✓							✓							✓							✓							✓						
Dispenser - no puddles, no leaks	✓							✓							✓							✓							✓						
Breakways - secured, chained, not leaking, vapor/guid	✓							✓							✓							✓							✓						
Equipment Verification - no missing labels or stickers	✓							✓							✓							✓							✓						
Underground Tanks - all caps in place, coop seats okay	✓							✓							✓							✓							✓						
Tank Area - spill bucket drained, PV vent cap in place	✓							✓							✓							✓							✓						

Note repairs, maintenance, and service performed (include date, time, type of repair, etc.):



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Company Name: _____
 Address: _____



Agency: *Dayton*
 Phone: *216.664.2297*



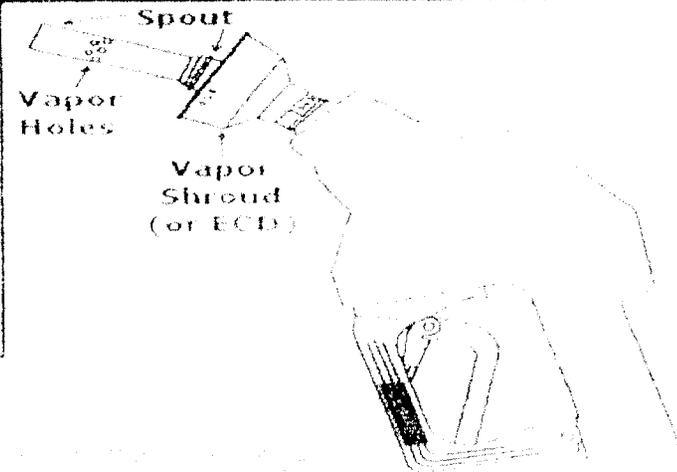
Technical Guidance Document

April 2012

Weekly Inspection - Vapor Recovery System

	Week 1					Week 2					Week 3					Week 4					Week 5				
Visual Inspection																									
Pressure	✓					✓					✓					✓					✓				
Temperature	✓					✓					✓					✓					✓				
Bellevue / Vapor Stroud	✓					✓					✓					✓					✓				
Bellevue / Vapor Stroud	✓					✓					✓					✓					✓				
Pressure	✓					✓					✓					✓					✓				
Temperature	✓					✓					✓					✓					✓				
Pressure	✓					✓					✓					✓					✓				
Temperature	✓					✓					✓					✓					✓				
Pressure	✓					✓					✓					✓					✓				
Temperature	✓					✓					✓					✓					✓				
Pressure	✓					✓					✓					✓					✓				
Temperature	✓					✓					✓					✓					✓				

Repairs, maintenance, and tests performed (include date and type of repair, etc.)



This form is a technical guidance document only and does not constitute legal advice. Compliance with the law is the facility owner and operator's responsibility.

Signature lines for the facility owner and operator, with dates and times.



Agency: City of Cincinnati
 Phone: 216.964.2291



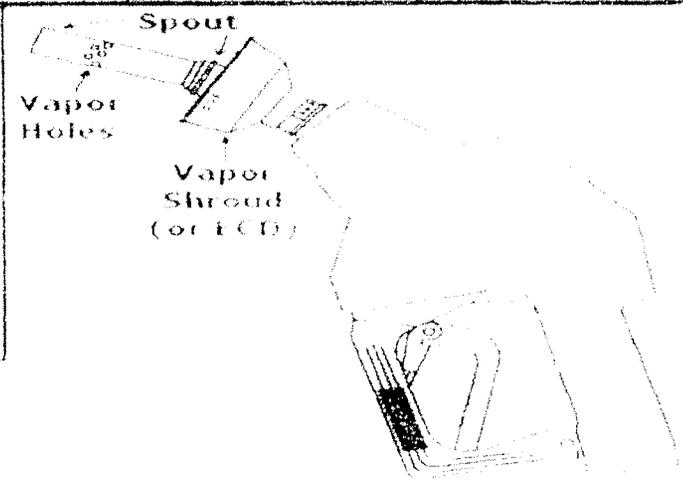
Technical Guidance Document

05/10/2019

Weekly Inspection - Vapor Recovery System

Inspection Item	Week 1				Week 2				Week 3				Week 4				Week 5			
	M	T	W	Th																
Visual inspection of all components	✓				✓				✓											
Check for leaks at all connections	✓				✓				✓											
Check Bellows / Vapor Stroud	✓				✓				✓											
Check for proper operation of all components	✓				✓				✓											
Check sensor operation	✓				✓				✓											
Check for proper operation of all components	✓				✓				✓											
Leakage Verification	✓				✓				✓											
Check for leaks at all connections	✓				✓				✓											
Underground Tanks	✓				✓				✓											
Check for leaks at all connections	✓				✓				✓											

Repairs, maintenance, and tests performed (include date and type of repair, etc.)



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