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 7360
RETURN RECEIPT REQUESTED

March 2, 2010

Zayed Shehadeh
Express Gas
3934 West 117th St.
Cleveland, OH 44111

FACILITY ID: 13-18-00-8419
NOTICE OF VIOLATION FOLLOW-UP LETTER: Failing Stage II test; Failing two consecutive Stage II tests; Failure to conspicuously post "Do Not Top Off" instructions; Failure to perform maintenance checks and maintain logs; Failure to provide a Stage II compliance specialist certificate and keep a copy of certificate on site; Failure to obtain city permits by submitting city permit fees for 2006, 2007, 2008, and 2009

Dear Mr. Shehadeh:

On January 5, 2010, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring Express Gas to re-test the Air-to-Liquid (A/L) Ratio on dispensers #1 and #7, post "Do Not Top Off" instructions, perform maintenance checks and maintaining logs, complete the necessary training and obtain a Stage II compliance specialist certificate, and obtain city permits by submitting city permit fees for 2006, 2007, 2008, and 2009. CDAQ is in receipt of a corrective action plan dated January 14, 2010 at which time a re-test of the A/L Ratio was conducted on dispensers #1 and #7 and both dispensers passed.

CDAQ is also in receipt of city permit fees for 2006, 2007, 2008, and 2009 on February 16, 2010. Additionally, CDAQ is in receipt of a copy the Stage II compliance specialist certificate for Express Gas.

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.

Upon further review, it has been determined that your facility will not be subject to the Ohio EPA Gasoline Dispensing Facility (GDF) Enforcement Policy.

In addition, Express Gas may be eligible for the Permit-by-Rule (PBR) exemption. This exemption is based on monthly and annual throughput amounts.
More information about the PBR Notification form can be found at the following web address: http://www.epa.state.oh.us/dapc/pbr/permitbyrule.aspx .
Please review the PBR Requirements for gasoline dispensing facilities to determine if Express Gas meets the criteria for this exemption. A PBR Notification form is enclosed 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.

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 Express Gas: 13-18-00-8419.

Sincerely,

Linda Kinney for G.B.

George Baker
Chief of Enforcement, CDAQ

GB/MM

cc: Michael J. Krzywicki, CDAQ
John Paulian, Ohio EPA Central Office
Lisa Holscher, U.S. EPA Region V
Facility File and L:\Data\Facilites\1318008419\2009-12-18 NEAR.doc

encl: Permit-by-Rule Notification form

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:

Express Gas
Zayed Shehadeh
3934 W. 117th St
Cleveland, OH 44111

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] 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

2. Article Number (Transfer from service label) 7003 1010 0004 2923 7216

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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:

Zayed Shehadeh
Express Gas
3934 W 117th St.
Cleveland, OH 44111

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 3-5-10

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

Naje Hamid

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 1010 0004 2923 7360

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540