



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 7009 3410 0002 1934 1554
RETURN RECEIPT REQUESTED**

March 1, 2011

Amin Salem
Gas USA
3934 West 117th St.
Cleveland, OH 44111

**FACILITY ID: 13-18-00-8419
NOTICE OF VIOLATION FOLLOW-UP LETTER**

Dear Mr. Salem:

On January 26, 2011, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring Gas USA to make the necessary repairs to dispenser #8, conduct a re-test of the A/L Ratio test, submit the test results in addition to completing the required Stage II vapor recovery training and submit proof of attendance and completion of training then submit all of the above within thirty (30) days of receipt of the letter. CDAQ is in receipt of a corrective action plan dated February 15, 2011, at which time Gas USA submitted proof of attendance and completion of training required by Ohio EPA. CDAQ is also in receipt of passing A/L Ratio test results dated February 28, 2011.

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 Gas USA: 13-18-00-8419.

Sincerely,

Linda Kimmy
Field Enforcement Manager, CDAQ

LK/mm

cc: John Paulian, Ohio EPA Central Office
William MacDowell, U.S. EPA Region V
Facility File and L:\Data\Facilities\1318008419\2011-1-25 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:

Amin Salem
 Gas USA
 3934 W 117th St.
 Cleveland, OH 44111

2. Article Number
(Transfer from service label)

7009 3410 0002 1934 1493

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
 Addressee

B. Received by (Printed Name)

RAF ELIAS

C. Date of Delivery

1-29-11

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

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COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
 Addressee

B. Received by (Printed Name)

Amin Salem

C. Date of Delivery

3-4-11

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