



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 0809  
RETURN RECEIPT REQUESTED**

August 30, 2010

Jonathan Ross  
Circle K #5580  
315 Commons Mall  
Columbus, IN 47201

**FACILITY ID: 13-18-00-8439  
NOTICE OF VIOLATION FOLLOW-UP LETTER**

Dear Ms. Gosnell:

On August 9, 2010, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring Circle K #5580 to make the necessary repairs to dispenser #4 and #11, conduct a re-test of the A/L Ratio test and submit the test results within thirty (30) days of receipt of the letter. CDAQ is in receipt of a corrective action plan dated August 23, 2010 at which time test results were received for a re-test of the Air-to-Liquid Ratio test on dispensers #4 and #11.

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 Circle K #5580: 13-18-00-8439.

Sincerely,

*Linda Kimmy 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\1318008439\2010-7-27 NEAR.doc

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, & 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:

Chrissy Gosnell  
 Circle K # 5580  
 315 Commons Mall  
 Columbus In, 47201

2. Article Number  
(Transfer from service label)

7009 3410 0002 1934 0663

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Jerry Sabes*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/16

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

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 Yes