



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 0199  
RETURN RECEIPT REQUESTED**

May 16, 2011

Assed Tayeh  
Quick Pik Valero  
1930 East 79<sup>th</sup> St.  
Cleveland, OH 44103

**FACILITY ID: 13-18-00-8669**

**RECEIPT OF CORRECTIVE ACTION PLAN: Failing Stage II testing; Failure to provide proof of attendance and completion of training required by Ohio EPA; Failure to provide proof of maintenance; Failure to conspicuously post operating instructions which clearly state "Do Not Top Off"; Failure to obtain city operating permits by submitting city permit fees for calendar year 2010**

Dear Mr. Tayeh:

On February 15, 2011 and March 31, 2011, the Cleveland Division of Air Quality (CDAQ) issued Notices of Violation requesting that Quick Pik Valero complete the following requirements:

- Conduct a re-test of the Static Leak test and Air-to-Liquid ratio on dispenser #2 and submit test results
- Begin conducting weekly maintenance checks and maintain corresponding logs, and submit a copy of a completed maintenance log
- Submit a copy of the Stage II compliance specialist certificate for Quick Pik Valero once the required training has been completed
- Obtain city permits-to-operate by submitting city permit fees for calendar year 2010
- Conspicuously post operating instructions which clearly state "Do Not Top Off"

CDAQ is in receipt of a passing test results conducted April 21, 2011 for the Static Leak test and a re-test of the Air-to-Liquid Ratio test dated May 2, 2011. CDAQ is also in receipt of city permit fees for calendar year 2010 dated April 29, 2011. You are still expected to comply with the following requirements by June 1, 2011:

- Begin conducting weekly maintenance checks and maintain corresponding logs, and submit a copy of a completed maintenance log



- Submit a copy of the Stage II compliance specialist certificate for Quick Pik Valero once the required training has been completed
- Conspicuously post operating instructions which clearly state "Do Not Top Off" on each dispenser

Failure to do so may result in referral to Ohio EPA or U.S. EPA for further enforcement action. Fulfillment of your commitments included in the corrective action plan and/or any modifications contained within this letter does not constitute a waiver of CDAQ's ability to refer this matter to Ohio EPA or U.S. EPA for further enforcement action. Please submit any future correspondence related to this matter to the following enforcement representative:

Megan Murphy  
Cleveland Division of Air Quality  
75 Erieview Plaza 2<sup>nd</sup> Floor  
Cleveland, Ohio 44114-1839

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 Quick Pik Valero: 13-18-00-8669.

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\1318008669\2011-2-14 2<sup>nd</sup> RCAP.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:

Assed Tayeh  
Quick P.K. Valero  
1930 E 79th St.  
Cleveland, OH 44103

2. Article Number

(Transfer from service label)

7009 3410 0002 1934 0199

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Samuel*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

5-19-11

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