



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 7010 1870 0000 6591 2380  
RETURN RECEIPT REQUESTED**

8/12/11

Robert Perry  
CEI Co.  
76 South Main St.  
Akron, OH 44308

**FACILITY ID: 13-18-00-8740  
NOTICE OF VIOLATION FOLLOW-UP LETTER**

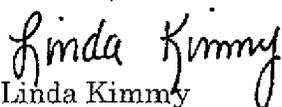
Dear Mr. Perry:

On 6/30/11, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring the CEI Co. Service Center located at 1561 E. 24<sup>th</sup> St. in Cleveland to submit a copy of the Stage II Vapor Recovery Compliance Specialist certification and obtain a City Permit for 2010 by submitting the City Permit Fee. CDAQ received payment of the City Permit Fee on 7/26/11. A copy of the Stage II Vapor Recovery Compliance Specialist certification was forwarded electronically to CDAQ on 8/10/11.

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 Dave DeChant at 216-664-3213. All correspondence with CDAQ must include the Ohio EPA facility identification number for the CEI Co. Service Center: 13-18-00-8740.

Sincerely,



Linda Kimmy  
Field Enforcement Manager, CDAQ

LK/dd

cc: Gary Chack, First Energy  
John Paulian, Ohio EPA Central Office  
William MacDowell, U.S. EPA Region V  
✓ Facility File and L:\Data\Facilities\1318008740\2011-6-24 NEAR.docx

**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:

Robert Perry  
 CEI Co.  
 76 South Main St.  
 Akron, OH 44308

13-18-00-8740

2. Article Number  
(Transfer from service label)

7010 1870 0000 6591 2380

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X *Joe Mason*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Joe Mason AUG 16 2011

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