



City of Cleveland
Frank C. 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 7003 1010 0004 2923 6332
RETURN RECEIPT REQUESTED

July 19, 2011

Scott Moon
Turney Road Center, LLC
P.O. Box 1565
Lawrenceville, GA 30046

FACILITY ID: 1318036190
NOTICE OF VIOLATION FOLLOW-UP LETTER

Dear Mr. Moon:

On June 22, 2011, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation to Sunoco Hop-In located at 700 Turney Road for failure to pass an Air-to-Liquid Ratio test on pump #10. CDAQ is in receipt of the required test results on July 12, 2011.

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.

Separate correspondence will be issued regarding the failure of these required Stage II tests in two consecutive attempts.

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. If you have any questions, please call Mike Samec at 216-420-7682. All correspondence with CDAQ must include the Ohio EPA facility identification number for Sunoco Hop-In: 1318036190.

Sincerely,

Linda Kimmy

Linda Kimmy
Field Enforcement Manager



LK/ms

cc: John Paulian, Ohio EPA Central Office
William MacDowell, U.S. EPA Region V
Facility File and L:\Data\Facilities\1318036190\2011-06-01 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:

Scott Moon
 Turney Road Center LLC
 PO Box 1565
 Lawrenceville, GA 30046
 036190

2. Article Number

(Transfer from service label)

7003 1010 0004 2923 6332

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*
 LAWRENCEVILLE

- Agent
 Addressee

B. Received by (Printed Name)

TSI [Signature]

C. Date of Delivery

7-28-11

D. Is delivery address different from item 1?

- Yes
 No

If YES, enter delivery address below:

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes