



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 0519
RETURN RECEIPT REQUESTED**

July 26, 2010

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

**FACILITY ID: 13-18-03-6190
NOTICE OF VIOLATION FOLLOW-UP LETTER**

Dear Mr. Moon:

On June 17, 2010, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring Turney Road Center, LLC to make the necessary repairs to dispenser #7, conduct a re-test of the A/L Ratio test and submit test results within thirty (30) days. CDAQ is in receipt of a corrective action plan dated July 26, 2010 at which time test results were received for the Air-to-Liquid Ratio re-test on dispenser #7.

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 Turney Road Center, LLC: 13-18-03-6190.

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\1318036190\2010-6-16 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:

Scott Moon
 Turney Rd. Center, LLC
 PO Box 1565
 Lawrenceville, GA 30046

2. Article Number
(Transfer from service label)

7009 3410 0002 1934 0519

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

W. DeWitt

C. Date of Delivery

8-2-10

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