



City of Cleveland
Frank G. Jackson, Mayor

Department of Public Health
Division of Air Quality
75 Frievew Plaza, Suite 200
Cleveland, Ohio 44114-1639
216/664 2297 • Fax: 216/420-8047
www.clevelandhealth.org

SERVING OHIO EPA AS AGENCY 13
FOR CUYAHOGA COUNTY

CERTIFIED MAIL 7009 3410 0002 1933 8172
RETURN RECEIPT REQUESTED

March 22, 2010

Gregg Budoi
Easy Trip #1124
PO Box 2508
Mansfield, OH 44096

NON-HPV

FACILITY ID: 13-18-03-7574

NOTICE OF VIOLATION: Failing annual Stage II testing; Failure to provide proof of attendance and completion of training required by Ohio EPA

Dear Mr. Budoi:

On March 19, 2010, the Cleveland Division of Air Quality (CDAQ) inspected Easy Trip #1124 located at 120 Broadway Avenue in Bedford. This letter serves as notification that you are operating sources in violation of the following applicable air statutes, air regulations, or air permit conditions.

Easy Trip #1124 conducted annual Stage II testing on March 19, 2010. The Static Leak (SL) test failed on the regular tank due to a large crack in the spill bucket. The failure to successfully pass the testing requirements in Ohio Administrative Code (OAC) Rule 3745-21-09 (DDD)(2) for the regular grade tank while causing, allowing or permitting the transfer of gasoline from a stationary storage tank into a motor vehicle are violations of Ohio Revised Code (ORC) Section 3704.05(G) and OAC Rule 3745-21-09 (DDD)(1)(b) and (c).

Additionally, Easy Trip #1124 failed to provide proof of attendance and completion of training required by Ohio EPA. This is a violation of Ohio Administrative Code (OAC) Rule 3745-21-09(DDD)(3)(a)(vi).

Unless you undertake some type of corrective action with respect to the above noted violations, you will remain in non-compliance. CDAQ requests that Easy Trip #1124 make the necessary repairs, conduct a re-test of the SL test, attend and complete Stage II compliance specialist training and submit all results and certificates within thirty (30) days to the following enforcement representative:



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

If there is insufficient time to correct the alleged violations within this timeframe, a written response which includes a timeline for correcting the alleged violations must be received within thirty (30) days of receipt of this letter.

Violations of Ohio air pollution laws and /or permit terms and conditions are subject to the penalties stipulated in Ohio Revised Code Section 3704.99(A), which allows fines of not more than twenty-five thousand dollars or imprisonment for not more than one year, or both, for each violation.

CDAQ issues this letter with Ohio EPA's concurrence. The failure to mention any specific violation 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 Easy Trip #1124: 13-18-03-7574.

Sincerely,

Linda Kummy for G.B.

George Baker
Chief of Enforcement

GB/MM

cc: Gregg Budo, Easy Trip #1124
Michael J. Krzywicki, CDAQ
John Paulian, Ohio EPA Central Office
Lisa Holscher, U.S. EPA Region V
Facility File and L:\Data\Facilities\1318037574\2010-3-19 NOV.doc

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 3-20</p>
<p>1. Article Addressed to:</p> <p>Gregg Budoi Easy Trip #1124 PO Box 2508 Mansfield, OH 44096</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7009 3410 0002 1933 8172</p>

PS Form 3811, February 2004

Domestic Return Receipt

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