



City of Cleveland  
Frank G. Jackson, Mayor

Department of Public Health  
Division of Air Quality  
75 Ericview 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 1933 8813  
RETURN RECEIPT REQUESTED

June 14, 2010

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

**FACILITY ID: 13-18-03-7574**  
**NOTICE OF VIOLATION FOLLOW-UP LETTER**

Dear Mr. Budoi:

On March 22, 2010, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring Easy Trip #1124 to make the necessary repairs, conduct a re-test of the SL test, attend and complete Stage II compliance specialist training and submit all test results and certificates within thirty (30) days of receipt of the letter. CDAQ is in receipt of passing Static Leak test results dated May 18, 2010, and a Stage II compliance specialist certificate dated June 10, 2010.

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 Easy Trip #1124: 13-18-03-7574.

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\1318037574\2010-3-19 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:

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

2. Article Number  
(Transfer from service label)

7009 3410 0002 1933 8813

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**
 A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

 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