



City of Cleveland
Frank G. Jackson, Mayor

Department of Public Health
Division of Air Quality
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Cleveland, Ohio 44114-1839
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www.clevelandhealth.org

**SERVING OHIO EPA AS AGENCY 18
FOR CUYAHOGA COUNTY**

**CERTIFIED MAIL 7003 1010 0004 2923 7339
RETURN RECEIPT REQUESTED**

May 27, 2010

Arthur Low, Jr.
Prime Properties Ltd. Partnership
1370 West 6th St. Ste 206
Cleveland, OH 44114

**FACILITY ID: 13-18-10-7042
NOTICE OF VIOLATION FOLLOW-UP LETTER**

Dear Mr. Low:

On February 8, 2010, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring Prime Properties Ltd. Partnership dba Prime #8 (Prime #8) to conduct a re-test of Annual Stage II tests and submit test results, and post operating instructions which clearly state "Do Not Top Off." CDAQ witnessed a re-test of the Static Leak (SL) test dated April 12, 2010, at which time Prime #8 passed. Prime #8 submitted test results on May 11, 2010. CDAQ is also in receipt of a corrective action plan dated May 17, 2010 at which time Prime #8 submitted proof that operating instructions have been posted.

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 Prime #8: 13-18-10-7042.

Sincerely,

Linda Kimmey 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\1318107042\2010-01-19 NEAR.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</p>
<p>1. Article Addressed to:</p> <p>Arthur Low Prime Properties LTD 1370 W 6th St. Ste 206 Cleveland, OH 44113</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <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>7003 1010 0004 2923 7339</p>