



City of Cleveland
Frank G. 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 7010 1870 0000 6591 2366
RETURN RECEIPT REQUESTED**

August 11, 2011

Roman Gaid
Kwik Check Food Mart
2610 Noble Rd.
Cleveland Heights, OH 44121

**FACILITY ID: 13-18-16-7085
NOTICE OF VIOLATION FOLLOW-UP LETTER**

Dear Mr. Gaid:

On July 11, 2011, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring Kwik Check Food Mart to provide proof of attendance and completion of Stage II Compliance Specialist training. CDAQ received a fax of the training certificate on August 4, 2011.

The corrective action was received in a timely manner 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.

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 David Wagner at 216/664-3004. All correspondence with CDAQ must include the Ohio EPA facility identification number for Kwik Check Food Mart: 13-18-16-7085.

Sincerely,

A handwritten signature in black ink that reads "Linda Kimmy".

Linda Kimmy
Field Enforcement Manager, CDAQ

LK/dlw

cc: John Paulian, Ohio EPA Central Office
William MacDowell, U.S. EPA Region V
Facility File and L:\Data\Facilities\1318167085\2011-06-23 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: 16-7085 NEAR
KWIK CHECK FOOD MART
2610 NOBLE RD
CLEVELAND HTS OH 44121

2. Article 7010 1870 0000 6591 2366
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X 

B. Received by (Printed Name) MORASIS C. Date of Delivery 8/15/04

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