



City of Cleveland
Frank G. Jackson, Mayor

Department of Public Health
Division of Air Quality
1925 St. Clair Avenue
Cleveland, Ohio 44114-2080
216/664-2297 • Fax: 216/420-8047
www.clevelandhealth.org

**SERVING OHIO EPA AS AGENCY 13
FOR CUYAHOGA COUNTY**

**CERTIFIED MAIL 7002 2030 0001 1807 8504
RETURN RECEIPT REQUESTED**

June 30, 2008

Hwang Lee
Bill's Dry Cleaning & Shoe Repair
2279 Lee Road
Cleveland Heights, Ohio 44118

**FACILITY ID: 1318168135
NOTICE OF VIOLATION FOLLOW-UP LETTER**

Dear Mr. Lee:

On June 3, 2008, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring Bill's Dry Cleaning & Shoe Repair to keep and maintain monitoring and recordkeeping requirements. CDAQ is in receipt of a corrective action plan dated June 25, 2008. All onsite corrections were made and records of perc disposal & purchase orders of 2008 have been received.

The corrective action plan was received 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. Should you have any questions, please call Mike Samec at 216-420-7682. All correspondence with CDAQ must include the Ohio EPA facility identification number for Bill's Dry Cleaning & Shoe Repair: 1318168135.

Sincerely,

Valencia White
Field Enforcement Manager, CDAQ

VW/ms

cc: John Paulian, Ohio EPA Central Office
Lisa Holscher, U.S. EPA Region V
Facility File and L:\Data\Facilities\1318168135\2008-04-14 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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to: 168135</p> <p style="text-align: center;">Hwang Lee Bill's Dry Cleaning + Shoe Repair 2279 Lee Road Cleveland Heights, Oh 44118</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 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>7002 2030 0001 1807 8504</p>

PS Form 3811, August 2001

Domestic Return Receipt

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