



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 1808 4574
RETURN RECEIPT REQUESTED**

October 22, 2007

Mr. John Rahman
Gas USA
15317 Euclid Avenue
East Cleveland, Ohio 44112

**FACILITY ID: 13-18-18-6958
NOTICE OF VIOLATION FOLLOW-UP LETTER**

Dear Mr. Rahman:

On September 14, 2007, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation to Gas USA for failure to conduct an Air-to-Liquid Ratio test and a Static Leak test. CDAQ is in receipt of the required test results on September 27, 2007.

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 Linda Kimmy at 216-664-2985. All correspondence with CDAQ must include the Ohio EPA facility identification number for Gas USA: 13-18-18-6958.

Sincerely,

A handwritten signature in black ink that reads "Valencia White for GB".

George Baker
Chief of Enforcement, CDAQ

GB/LK

cc: Richard Nemeth and Michael J. Krzywicki, CDAQ
John Paulian, Ohio EPA Central Office
Facility File and L:\Data\Facilities\1318186958\2007-10-22 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</p> <p>X <i>John Am...</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><i>MR. JOHN RAHMAN GAS USA 15314 EUCLID AVE E. CLEVELAND, OH 44112</i></p>	<p>B. Received by (Printed Name)</p> <p><i>Debra Smith</i></p>	<p>C. Date of Delivery</p> <p><i>10-25</i></p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" 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>		
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