

**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:

CHERYL ANDERSON  
RE: LEHIGH/23425 LORAIN NORTH  
OLMSTED, LLC  
1425 MOUNTAIN DRIVE NORTH  
BETHLEHEM, PA 18015

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Kileen Watson*  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Kileen Watson* *2/14/11*

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

2. Article Number  
(Transfer from service label)

7003 1010 0004 2923 4192



City of Cleveland  
Frank G. Jackson, Mayor

Department of Public Health  
Division of Air Quality  
75 Erieview 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 7003 1010 0004 2923 4192  
RETURN RECEIPT REQUESTED**

February 7, 2011

Cheryl Anderson  
Lehigh/23425 Lorain North Olmsted LLC  
1425 Mountain Drive North  
Bethlehem, PA 18015

**FACILITY ID: 13-18-37-6989  
NOTICE OF VIOLATION FOLLOW-UP LETTER**

Dear Ms. Anderson:

On January 5, 2011, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring 23425 Lorain North Olmsted LLC to make necessary repairs and then conduct a re-test of the Static Leak. On February 7, 2011, CDAQ received passing Static Leak test results for the facility, conducted on January 31, 2011. The results also indicated that the automatic tank gauging system was repaired on the premium unleaded gasoline storage tank prior to the re-test.

A re-test of the Static Leak was conducted in a timely manner and appropriate steps were taken to bring the gasoline dispensing facility 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 Valerie Shaffer at (216) 664-6292. All correspondence with CDAQ must include the Ohio EPA facility identification number for 23425 Lorain North Olmsted LLC: 13-18-37-6989.

Sincerely,

Handwritten signature of Linda Kimmy in black ink.

Linda Kimmy  
Field Enforcement Manager, CDAQ

LK/vls

cc: Nicole Singleton, 23425 Lorain North Olmsted LLC

John Paulian, Ohio EPA Central Office  
William MacDowell, U.S. EPA Region V  
Facility File and L:\Data\Facilities\1318376989\2011-01-04 NEAR.docx



**TANK INTEGRITY SERVICES, INC.**

North Royalton, Ohio 44133

Phone: (440)237-9200

Fax: (440)582-5119

**LOCATION DATA: STAGE II VAPOR RECOVERY SYSTEM TEST DATA FORM**

Location Name: <input type="text" value="BP"/>	Location #: <input type="text" value="000257"/>	Job #: <input type="text" value="14336"/>	Date: <input type="text" value="1/31/2011"/>
Address: <input type="text" value="23425 LORAIN RD"/>		Tester: <input type="text" value="WAYNE REESE"/>	
City/State: <input type="text" value="N OLMSTED"/> <input type="text" value="OH"/>	<input type="text" value="44070"/>	Inspector: <input type="text"/>	

Stage I Type:	Two Point: <input checked="" type="checkbox"/>	Coaxial: <input type="checkbox"/>	Poppeted? <input type="checkbox"/>	Manifolded: UG <input checked="" type="checkbox"/> AG <input type="checkbox"/>	<input type="text" value="0"/> Feet AG
Stage II Type:	Vapor Balance: <input type="checkbox"/>	Vacuum Assist: <input checked="" type="checkbox"/>	Type: <input type="text" value="WV"/>		
	Drop Out: <input checked="" type="checkbox"/>	Sealed: <input checked="" type="checkbox"/>	Syphon: <input checked="" type="checkbox"/>		

**STATIC LEAK TEST RESULTS:**

Product Type:	RUL	MUL	PUL		TOTALS
Actual Tank Capacity (Gallons):	<input type="text" value="9,520"/>	<input type="text" value="9,520"/>	<input type="text" value="9,520"/>	<input type="text" value="0"/>	<input type="text" value="28,560"/>
Gasoline Volume (Gallons):	<input type="text" value="6,153"/>	<input type="text" value="3,638"/>	<input type="text" value="3,017"/>	<input type="text" value="0"/>	<input type="text" value="12,808"/>
Ullage (Gallons):	<input type="text" value="3,367"/>	<input type="text" value="5,882"/>	<input type="text" value="6,503"/>	<input type="text" value="0"/>	<input type="text" value="15,752"/>
Initial Pressure of UST:	Inches Water				<input type="text" value=".75"/>
Nozzle Served by Tank (s):	Quantity				<input type="text" value="8"/>
(A) Stage I Coupler / (B) Stage II Riser:	Test Location				<input type="text" value="A"/>
Initial Pressure:	Inches Water				<input type="text" value="2.00"/>
Pressure After 1 Minute:	Inches Water				<input type="text" value="1.98"/>
Pressure After 2 Minutes:	Inches Water				<input type="text" value="1.97"/>
Pressure After 3 Minutes:	Inches Water				<input type="text" value="1.96"/>
Pressure After 4 Minutes:	Inches Water				<input type="text" value="1.95"/>
Pressure After 5 Minutes:	Inches Water				<input type="text" value="1.94"/>
Allowable Final Pressure:	Table IA or IB				<input type="text" value="1.93"/>
Test Status:	Pass or Fail				<input type="text" value="PASS"/>

**DYNAMIC PRESSURE TEST RESULTS:**

Riser / Nozzle #	40 CFH .16 Max	60 CFH .35 Max	80 CFH .62 Max	Pass / Fail	Riser / Nozzle #	40 CFH .16 Max	60 CFH .35 Max	80 CFH .62 Max	Pass / Fail
<input type="text"/>									
<input type="text"/>									
<input type="text"/>									
<input type="text"/>									
<input type="text"/>									
<input type="text"/>									
<input type="text"/>									

Gallons of gasoline introduced into Stage II riser.  Did gauge pulsate or peg at any flow rate during test?

**COMMENTS:**

# TANK INTEGRITY SERVICES, INC.

COMPLIANCE TESTING: STORAGE TANKS & PRODUCT LINES, VAPOR RECOVERY SYSTEMS & CATHODIC PROTECTION

POST TEST CHECK LIST

APPENDIX C (STAGE II POST TEST FORM)

APPLICATION #

SITE NAME <i>BP</i>	SITE # <i>257</i>	SITE COUNTY <i>W. Chester Ohio</i>
SITE ADDRESS <i>23475 W. Chester Rd</i>		SITE CITY, STATE, ZIP <i>W. Chester Ohio 44020</i>

YES	N/A	DISPENSER & TANK AREA
X		ALL PIPES UNDER THE DISPENSER ARE CAPPED, PLUGGED, OR RE-ATTACHED.
X		NO LEAKS ARE PRESENT UNDER DISPENSER, NOR FROM HOSES OR NOZZLES
X		ALL IMPACT VALVES & BALL VALVES ARE OPEN AND PRODUCT LINES HAVE BEEN PUT BACK IN SERVICE.
X		ALL DISPENSER PANELS ARE CORRECTLY RE-INSTALLED.
X		ALL LOCK-OUTS OR "OUT OF SERVICE" BAGS ON NOZZLES HAVE BEEN REMOVED.
X		KEROSENE PUMP HAS BEEN PURGED W/2 GALLONS AND PRODUCT HAS BEEN RETURNED TO STORAGE.
X		ANY ISOLATION PLUGS HAVE BEEN REMOVED.
X		ALL TANK TOP COMPONENTS REMOVED HAVE BEEN RE-INSTALLED AND SECURE.
	X	DROP OUT IS FREE OF PRODUCT AND FUNCTIONING PROPERLY.
X		ALL LIDS AND COVERS THAT WERE REMOVED ARE PROPERLY RE-INSTALLED.
	X	ALL DROP TUBES REMOVED HAVE BEEN RE-INSTALLED.
	X	ALL LEAK DETECTORS REMOVED HAVE BEEN RE-INSTALLED AND SUBMERSIBLE PIT CHECKED FOR LEAKS.
	X	ANY DEFECTIVE PARTS REPLACED WERE LEFT WITH THE SITE REPRESENTATIVE.
	X	ANY PRODUCT THAT WAS PUMPED FOR TESTING HAS BEEN RETURNED TO THE PROPER STORAGE TANK.
X		ALL TOOLS, TESTING EQUIPMENT, SAFETY CONES ETC. HAVE BEEN REMOVED & RETURNED TO TRUCK.
X		THE SITE HAS BEEN RETURNED TO ITS "PRE-TEST" CONDITION.

ADDITIONAL COMMENTS: PLEASE SEE REVERSE SIDE FOR THE MANUFACTURE'S WARRANTY ON PARTS AND EQUIPMENT.

*SL passing after ATG Repair on PUL tank*

SITE REPRESENTATIVE NAME & TITLE PRINTED <i>Nancy Smedley Manager</i>	SITE REPRESENTATIVE SIGNATURE <i>[Signature]</i>	DATE <i>1/31/11</i>
T.I.S. TECHNICIAN NAME PRINTED <i>WAINES KERR</i>	T.I.S. TECHNICIAN SIGNATURE <i>[Signature]</i>	DATE <i>1/31/11</i>

TESTING COMPANY TANK INTEGRITY SERVICES, INC. N. ROYALTON, OH PH 440-237-9200 FAX 440-582-5119