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 7003 1010 0004 2923 4765
RETURN RECEIPT REQUESTED

October 19, 2009

Jonathon Ross
Circle K Midwest/Great Lakes
4080 West Jonathan Moore Pike
Columbus, IN 47202

FACILITY ID: 13-18-45-8705
RECEIPT OF CORRECTIVE ACTION PLAN: STAGE II TRAINING CERTIFICATION AND NO OPERATING INSTRUCTIONS FOR VAPOR CONTROL SYSTEM

Dear Mr. Ross:

On September 16, 2009, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requesting that Circle K #5254 post operating instructions for the vapor control system in each gasoline dispensing area including specific instructions prohibiting the "topping off" of the motor vehicle fuel tank. Additionally, CDAQ requested a copy of the Stage II training certificate, as required per Ohio Administrative Code rule 3745-21-09(DDD)(3)(a)(vi), for the operator or local manager of the gasoline dispensing facility.

CDAQ is in receipt of a letter received via facsimile on October 5, 2009, stating that operating instruction labels have been ordered and will be installed. The received letter also provided two Stage II training certificates. As two certificates were received, I spoke with you on October 6, 2009, via telephone, about which individual was the local manager or operator currently at Circle K #5254. You stated that you would get back to me with that information.

You are expected to comply with your response letter by affixing the appropriate operating instruction labels in each gasoline dispensing area and provide the name of the local manager or operator for Circle K #5254 by October 30, 2009. Failure to do so may result in referral to Ohio EPA or U.S. EPA for further enforcement action. Fulfillment of your commitments included in the corrective action plan and/or any modifications contained within this letter does not constitute a waiver of CDAQ's ability to refer this matter to Ohio EPA or U.S. EPA for further enforcement action. Please submit any future correspondence related to this matter to the following enforcement representative:

Valerie Shaffer
Cleveland Division of Air Quality
75 Erieview Plaza, 2nd Floor
Cleveland, Ohio 44114-1839

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 Circle K #5254: 13-18-45-8705.

Sincerely,

George Baker
Chief of Enforcement, CDAQ

GB/vls IK

cc: Angie Hamil, Circle K #5254, 8911 Day Drive, Parma, OH 44129
John Paulian, Ohio EPA Central Office
Facility File and L:\Data\Facilities\1318458705\2009-09-04 RCAP.doc

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• Sender: Please print your name, address, and ZIP+4 in this box •

DEPT OF PUBLIC HEALTH
DIVISION OF AIR QUALITY
VALERIE SHAFFER
75 ERIEVIEW PLAZA – 2TH FLOOR
CLEVELAND, OH 44114

Circle K #5254 RCAP

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:

JONATHAN ROSS
CIRCLE K MIDWEST/GREAT LAKES
4080 WEST JONATHAN MOORE PIKE
COLUMBUS, IN 47202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jerry Salyers
☒ Agent
☐ Addressee

B. Received by (*Printed Name*)
X

C. Date of Delivery
X 10-22-09

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 4765

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

From the Desk of Jonathan Ross

confirmation that Becky Swaney & Bobchinan are operators of the store.

Environmental Compliance Manager
812-314-2037 Fax 812-379-9227 Office 812-343-2297 Cell
jross@circlek.com

TO:___Valerie Shaffer_____

FAX#_____216-420-8047_____

DATE_____10-5-2009_____

REF. TO __site5254_____

PAGES_____4

Called Jon Rosson 10/6/09.

COMMENTS__. Please let me know that you got this. This should close out 5254

Thanks Jon

- mgr (got them) for the Stage II Certs. is getting back to me on which ~~one~~ once is a mgr. Plus, I told him to follow-up w/ me - once the stickers are on. 10/6/09.

Owner / operator

mailing address:
Jonathon Ross
~~Environmental~~ Circle K / Midwest / Great Lakes
4080 West Jonathon Moore Pike
[illegible] 47202