



City of Cleveland
Frank G. Jackson, Mayor

Department of Public Health
Division of Air Quality
75 Erieview Plaza, Suite 200
Cleveland, Ohio 44114-1859
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 4772
RETURN RECEIPT REQUESTED

October 29, 2009

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

FACILITY ID: 13-18-45-8705
NOTICE OF VIOLATION FOLLOW-UP LETTER: STAGE II COMPLIANCE SPECIALIST
CERTIFICATES RECEIVED FOR CIRCLE K #5254 MANAGERS; POSTING OF
FUELING INSTRUCTIONS INCLUDING "NO TOPPING OFF" DIRECTIONS

Dear Mr. Ross:

On September 15, 2009, the Cleveland Division of Air Quality (CDAQ) issued Notice of Violation (NOV) requesting Circle K #5254 to conspicuously post operating instructions, including "No Topping Off", for the vapor control system in each gasoline dispensing area. The NOV also requested the copy of a Stage II Compliance Specialist training certificate for an operator or manager at Circle K #5254. CDAQ is in receipt of information from you that the appropriate operating instruction labels were affixed on October 12, 2009. CDAQ has also received Stage II training certificates for two managers employed at Circle K #5254.

Appropriate steps were taken to bring your 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 Circle K #5254: 13-18-45-8705.

Sincerely,

George Baker
Chief of Enforcement, CDAQ

GB/vls JK

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 NEAR.doc

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

Circle K: NEAR mailed 10/30/09



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 (<i>Printed Name</i>) <input checked="" type="checkbox"/> C. Date of Delivery <input checked="" type="checkbox"/></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">CIRCLE K MIDWEST/GREAT LAKES ATTN: JONATHAN ROSS RE: MAC'S CONVENIENCE STORE 4080 WEST JONATHAN MOORE PIKE COLUMBUS, INDIANA 47202</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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article Number (<i>Transfer from service label</i>)</p>	<p>7003 1010 0004 2923 4772</p>