



City of Cleveland
Frank G. Jackson, Mayor

Department of Public Health
Division of Air Quality
75 Erievue Plaza, Suite 200
Cleveland, Ohio 44114-1833
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 7209
RETURN RECEIPT REQUESTED**

December 17, 2009

Mr. William Cairns
Rocky River Shell
20045 Lake Avenue
Rocky River, Ohio 44116

NON-HPV

FACILITY ID: 13-18-50-6829

**NOTICE OF VIOLATION / NOTICE OF VIOLATION FOLLOW-UP: Failing Annual
Stage II compliance test**

Dear Mr. Cairns:

On November 17, 2009, the Cleveland Division of Air Quality (CDAQ) inspected Rocky River Shell located at 20045 Lake Avenue in Rocky River. This letter serves as notification that you were operating sources in violation of the following applicable air statutes, air regulations, or air permit conditions.

On November 17, 2009, Rocky River Shell failed an Air-to-Liquid (A/L) ratio test on dispenser #6. The failure to properly install, operate and maintain the vapor control system and the failure to successfully pass the testing requirements in Ohio Administrative Code (OAC) Rule 3745-21-09 (DDD)(2) for dispenser #6 while causing, allowing or permitting the transfer of gasoline from a stationary storage tank into a motor vehicle were violations of Ohio Revised Code (ORC) Section 3704.05 (G) and OAC Rule 3745-21-09 (DDD)(1) (b) and (c).

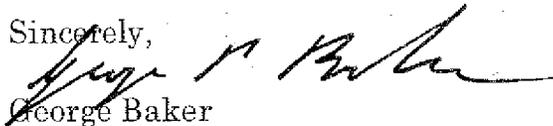
On November 24, 2009, dispenser #6 was re-tested and passed the A/L ratio test. Appropriate steps were taken to bring the source into compliance. CDAQ has determined that no further enforcement action is warranted at this time, but reserves its right to take such action in the future if necessary.

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 Megan Murphy at 216-664-4258. All correspondence with CDAQ must include the Ohio EPA facility identification number for Rocky River Shell: 13-18-50-6829.

Sincerely,


George Baker
Chief of Enforcement

GB/mm WK

cc:

Richard Nemeth and Michael J. Krzywicki, CDAQ
John Paulian, Ohio EPA Central Office
Lisa Holscher, U.S. EPA Region V
Facility File and L:\Data\Facilities\1318506829\2009-12-17 NOV-Followup.doc

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City of Cleveland Division of
Air Quality
Attn: Megan Murphy
75 Erieview Plaza 2nd Floor
Cleveland, OH 44114

13 18 50 6829 NOV + NOV Follow up

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 X <i>E. Mattie</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>E. Mattie 11/3</i> <i>12.23.09</i></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>1. Article Addressed to:</p> <p><i>Mr. William Cairns Rocky River Shell 20045 Lake Ave. Rocky River, OH 44116</i></p>	<p>3. Service Type <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"/> G.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>	<p><i>7003 1010 0004 2923 7209</i></p>	

PS Form 3811, August 2001

Domestic Return Receipt

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