



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 : 7010 1870 0000 6591 3660
RETURN RECEIPT REQUESTED**

October 21, 2011

Pat Lavecchia
Pat's Auto Service
19415 Detroit Road
Rocky River, Ohio 44116

**FACILITY ID: 13-18-50-7703
NOTICE OF VIOLATION FOLLOW-UP LETTER**

Dear Mr. Lavecchia:

On August 24, 2011, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring Pat's Auto Service to make the necessary repairs on dispenser #1, #2, and #6, then re-test the Air-to-Liquid (A/L) ratio test and submit the August 18, 2011, test results, and the re-test results. A re-test was performed October 19, 2011, dispensers #1, #2, and #6 passed. CDAQ received a copy of the original and re-test results on October 20, 2011.

The corrective action plan was received in a timely manner 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 Bryan Sokolowski at (216) 420-7663. All correspondence with CDAQ must include the Ohio EPA facility identification number for Pat's Auto Service: 13-18-50-7703.

Sincerely,

A handwritten signature in black ink that reads "Linda Kimmy".

Linda Kimmy
Field Enforcement Manager, CDAQ

LK/BS

cc: John Paulian, Ohio EPA Central Office
William MacDowell, U.S. EPA Region V
Facility File and L:\Data\Facilities\1318507703\2011-8-18 NEAR.docx

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:

Pat Lavecchia
 Pat's Auto Service
 19415 Detroit Road
 Rocky River, Ohio 44116

2. Article Number
(Transfer from s

7010 1870 0000 6591 3660

13-18-50-7708

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

Brian Kirkpatrick

C. Date of Delivery

1/19/26

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

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3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes