



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 7009 3410 0002 1933 8561
RETURN RECEIPT REQUESTED**

May 4, 2010

Cheryl Anderson
13165 Larchmere Shaker Heights LLC (Lehigh Gas #263)
1425 Mountain Dr. North
Bethlehem, PA 18015

FACILITY ID: 13-18-52-7020
RECEIPT OF CORRECTIVE ACTION PLAN: Failing Annual Stage II testing;
Failure to maintain records of proof of attendance and completion of training

Dear Ms. Anderson:

On April 22, 2010, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requesting that Lehigh Gas #263 make the necessary repairs, then conduct a re-test of the A/L Ratio test on dispensers #3 and #4 and submit the test results, as well as complete the required training for Stage II vapor recovery systems and submit a copy of the most current Stage II compliance specialist certificate for this facility within thirty (30) days of receipt of the letter. CDAQ is in receipt of two current Stage II compliance specialist certificates dated May 3, 2010.

You are still expected to comply with making the necessary repairs, then conduct a re-test of the A/L Ratio test on dispensers #3 and #4 and submit the test results by May 16, 2010. 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:

Megan Murphy
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 Megan Murphy at 216-664-4258. All correspondence with CDAQ must include the Ohio EPA facility identification number for Lehigh #263: 13-18-52-7020.

Sincerely,

Linda Kimmey for G.B.
George Baker
Chief of Enforcement, CDAQ

GB/mm

cc: John Paulian, Ohio EPA Central Office
Lisa Holscher, U.S. EPA Region V
Facility File and L:\Data\Facilities\1318527020\2010-4-16 RCAP.doc

CERTIFICATE OF TRAINING

TO CERTIFY THAT:

30-Mar-10

Ambor Tompkins

Lehigh Gas/BP 13165 Larchmere Blvd. Shaker Hts, OH. 44120

"Proper Operation and Maintenance of Stage II Vapor Recovery Equipment For Service Station Personnel"

The name above is certified to fulfill the Stage II Facility Representative role exclusively for the location listed. The facility representative is responsible for educating all current and future employees about the purpose and correct operating procedures of the Stage II system at this location. This certification is non-transferable.



CERTIFICATE OF TRAINING

TO CERTIFY THAT:

30-Mar-10

Howard Brandt

Lehigh Gas/BP 13165 Larchmere Blvd. Shaker Hts, OH. 44120

"Proper Operation and Maintenance of Stage II Vapor Recovery Equipment For Service Station Personnel"

The name above is certified to fulfill the Stage II Facility Representative role exclusively for the location listed. The facility representative is responsible for educating all current and future employees about the purpose and correct operating procedures of the Stage II system at this location. This certification is non-transferable.



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
Lehigh #263
1425 Mountain Dr. North
Bethlehem, PA 18015

2. Article Number

(Transfer from service label)

7009 3410 0002 1933 8561

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Eileen Watson* Agent
 Addressee

B. Received by (Printed Name)

Eileen Watson

C. Date of Delivery

5/12/10

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

UNITED STATES POSTAL SERVICE

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03 JUN 2010 PM 2



First-Class Mail
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Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •
Cleveland Division of Air Quality
Attn: Megan Murphy
75 Erieview Plaza 2nd Floor
Cleveland, OH 44114

13 18 57 70 A C 7019 - 1116 NEAR