



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 1988 8363
RETURN RECEIPT REQUESTED

April 22, 2010

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

NON-HPV

FACILITY ID: 13-18-52-7020

NOTICE OF VIOLATION: Failing Annual Stage II testing; Failure to maintain records of proof of attendance and completion of training

Dear Ms. Anderson:

On April 16, 2010, the Cleveland Division of Air Quality (CDAQ) inspected Lehigh #263 located at 13165 Larchmere Boulevard in Shaker Heights. This letter serves as notification that you are operating sources in violation of the following applicable air statutes, air regulations, or air permit conditions.

Lehigh #263 conducted annual Stage II testing on April 16, 2010. The Static Leak (SL) test passed at this time. The Air-to-Liquid (A/L) Ratio test was also conducted. The A/L Ratio test failed on the mid grade for dispensers #3 and #4. The failure to successfully pass the testing requirements in Ohio Administrative Code (OAC) Rule 3745-21-09 (DDD)(2) while causing, allowing or permitting the transfer of gasoline from a stationary storage tank into a motor vehicle are violations of Ohio Revised Code (ORC) Section 3704.05(G) and OAC Rule 3745-21-09 (DDD)(1)(b) and (c).

Lehigh #263 also failed to provide a copy of a Stage II compliance specialist certificate. This is a violation of Ohio Administrative Code (OAC) Rule 3745-21-09(DDD)(3)(a)(vi), which states the owner or operator of a gasoline dispensing facility (GDF) shall maintain records of proof of attendance and completion of the training required by the Ohio EPA for the operator or local manager of the GDF.

Unless you undertake some type of corrective action with respect to the above noted violations, you will remain in non-compliance. CDAQ requests that Lehigh #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 within thirty (30) days of receipt of this letter.



In addition, CDAQ requests Lehigh #263 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 to the following enforcement representative within thirty (30) days of receipt of this letter:

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

If there is insufficient time to correct the alleged violations within this timeframe, a written response which includes a timeline for correcting the alleged violations within thirty (30) days of receipt of this letter.

Violations of Ohio air pollution laws and /or permit terms and conditions are subject to the penalties stipulated in Ohio Revised Code Section 3704.99(A), which allows fines of not more than twenty-five thousand dollars or imprisonment for not more than one year, or both, for each violation.

CDAQ issues this letter with Ohio EPA's concurrence. The failure to mention any specific violation 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 Kimmy for G.B.

George Baker
Chief of Enforcement

GB/MM

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

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, 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 8363

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kileen Watson* Agent
 Addressee

B. Received by (Printed Name)

Kileen Watson

C. Date of Delivery

4/29/10

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

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• 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 52 7020 2010-11-16 LOW



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- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

PS Form 3800, August 2006 (Reverse) PSN 7530-02-000-9047

WAP - Murphy

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Sent To
Cheryl Anderson Lehigh #263
Street, Apt. No.
or PO Box No. 1425 Mountain Dr. North
City, State, ZIP+4
Bethlehem PA 18015

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, & 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. N
 Bethlehem, PA 18015

2. Article Number

(Transfer from service label)

7009 3410 0002 1933 8745

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Cindy Bagan* Agent Addressee

B. Received by (Printed Name)

X *Cindy Bagan*

C. Date of Delivery

*6/4/10*D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
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4. Restricted Delivery? (Extra Fee)

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