



City of Cleveland  
Frank G. Jackson, Mayor

Department of Public Health  
Division of Air Quality  
1925 St. Clair Avenue  
Cleveland, Ohio 44114-2080  
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 3683  
RETURN RECEIPT REQUESTED**

September 2, 2008

Jeff Browsky  
CardPak, Inc.  
26901 Solon Road  
Solon, OH 44139

FACILITY ID: 13-18-53-8170  
HIGH PRIORITY FACILITY  
NOTICE OF VIOLATION FOLLOW-UP LETTER

Dear Mr. Browsky:

On May 15, 2008, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring CardPak, Inc. to conduct applicable K003 emissions testing pursuant to CardPak's Title V operating permit. The testing was performed on July 10, 2008. On August 13, 2008, CDAQ received K003's stack emissions testing results.

The testing was conducted 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 Valerie Shaffer at (216) 664-6292. All correspondence with CDAQ must include the Ohio EPA facility identification number for CardPak, Inc.: 13-18-53-8170.

Sincerely,

A handwritten signature in black ink that reads "Valencia White".

Valencia White  
Field Enforcement Manager, CDAQ

VW/vls

cc: Keith Gaydosh, Affinity Consultants  
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\1318538170\2008 Inspection\2008-04-24 NEAR.doc

**SENDER: COMPLETE THIS SECTION**

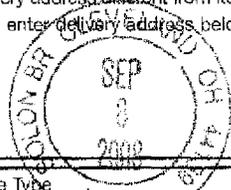
- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Card Pak Ink  
 Jeff Bravsky  
 26901 Solon Road  
 Solon, OH 44139

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature <input checked="" type="checkbox"/> Plain <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name) PLANMAN	C. Date of Delivery 9-8-08
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	



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"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number  
(Transfer from service label)

7003 1010 0004 2923 3683

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DEPT OF PUBLIC HEALTH -  
DIVISION OF AIR QUALITY  
VALERIE SHAFFER  
1925 ST. CLAIR AVENUE  
CLEVELAND, OH 44114

*Cardpak NOV IFL*

*1318538170*