



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 7003 1010 0004 2923 5496  
RETURN RECEIPT REQUESTED**

May 12, 2010

David Shoemaker  
Cleveland Auto Clinic  
8003 Broadway Avenue  
Cleveland, OH 44105

**FACILITY ID: Unassigned  
NOTICE OF VIOLATION FOLLOW-UP LETTER**

Dear Mr. Shoemaker:

On April 28, 2010, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation requiring Cleveland Auto Clinic to submit a corrective action plan stating how nuisance odors will be prevented from leaving the property. CDAQ is in receipt of a corrective action plan stating that Cleveland Auto Clinic will cease all painting operations dated May 11, 2010.

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 Andrew Marantides at (216) 420-8049. All correspondence with CDAQ must include the facility's name: Cleveland Auto Clinic.

Sincerely,

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

GB/AM

cc: Michael J. Krzywicki, CDAQ  
John Paulian, Ohio EPA Central Office  
Lisa Holscher, U.S. EPA Region V  
Facility File and L:\Data\Facilities\+ Programs\Complaints\BY NAME or  
LOCATION\Cleveland Auto Clinic\2010-4-27 NEAR.docx

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |                     |
|--|---|---------------------|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature<br>x  <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee   |                     |
| 1. Article Addressed to:<br>David Shoemaker<br>Cleveland Auto Clinic<br>8003 Broadway Avenue<br>Cleveland, OH 44105  | B. Received by (Printed Name)   | C. Date of Delivery |
| 2. Article Number<br>(Transfer from service label)   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No<br><br>3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.<br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |                     |
| 7003 1010 0004 2923 5496   |   |                     |