



City of Cleveland  
Frank G. Jackson, Mayor

Department of Public Health  
Division of Air Quality  
75 Erieview Plaza, Second Floor  
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 7006 0810 0002 4654 0454  
RETURN RECEIPT REQUESTED**

January 9, 2012

Omar Zayed  
S & T Food & Oil, Inc.  
13441 Euclid Ave.  
East Cleveland, OH 44112-4506

**FACILITY ID: 13-18-18-6612  
NOTICES OF VIOLATION FOLLOW-UP LETTER**

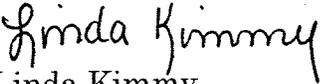
Dear Mr. Zayed:

On October 25 and November 25, 2011, the Cleveland Division of Air Quality (CDAQ) issued Notices of Violation to S & T Food & Oil, Inc. (S & T Food) for failing a Stage II vapor recovery system Air-to-Liquid Ratio tests on pump #1. CDAQ received the passing test results on December 20, 2011.

The corrective action was received and appropriate steps were taken to bring the source into compliance. However, separate correspondence will be issued regarding the failure of Stage II testing in two consecutive years.

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. If you have any questions, please call David Wagner at 216/664-3004. All correspondence with CDAQ must include the Ohio EPA facility identification number for S & T Food: 13-18-18-6612.

Sincerely,

  
Linda Kimmy  
Field Enforcement Manager

LK/dlw

cc: John Paulian, Ohio EPA Central Office  
William MacDowell, U.S. EPA Region V  
Facility File and L:\Data\Facilities\1318186612\2011-10-20 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:

—186612 NEAR

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 *Naser Zayed*  Address
- B. Received by (*Printed Name*) C. Date of Delivery  
*Naser Zayed* *11/2/12*
- 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

2. *7010 0780 0001 1190 4438*  
(*Transfer from service label*)