



City of Cleveland  
Frank G. Jackson, Mayor

Department of Public Health  
Division of Air Quality  
75 Erievue 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 7010 0780 0001 1190 4513  
RETURN RECEIPT REQUESTED**

March 9, 2012

William Syvuk  
Vice President  
North Coast Container Corporation  
8806 Crane Ave.  
Cleveland, OH 44105-1622

**FACILITY ID: 13-18-00-0399  
NOTICE OF VIOLATION FOLLOW-UP LETTER**

Dear Mr. Syvuk:

On February 16, 2012, the Cleveland Division of Air Quality (CDAQ) issued a Notice of Violation because North Coast Container Corporation failed to promptly submit the 2010 annual Title V Compliance Certification and failed to submit the 2010 City of Cleveland Air Contaminant Source fee. CDAQ received the 2010 annual Title V Compliance Certification on February 13, 2012, and approved it on February 22, 2012. The 2010 City of Cleveland Air Contaminant Source fee was received on February 28, 2012.

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. 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 North Coast Container Corporation: 13-18-00-0399.

Sincerely,

Valencia White  
Chief of Enforcement, CDAQ

VW/dlw

cc: Raymond Dido, North Coast Container Corporation  
George P. Baker, CDAQ  
Michael J. Krzywicki, CDAQ  
John Paulian, Ohio EPA Central Office  
William MacDowell, U.S. EPA Region V  
Facility File and L:\Data\Facilities\1318000399\2012-01-20 NEAR.docx

- 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:  
 WILLIAM SHUK  
 NORTH WEST CORNER  
 26 W. JE AVE  
 CLEVELAND OH 44102

A. Signature  Agent  
 Addressee  
*Kari Kanick*

B. Received by (Printed Name)  
 Kari Kanick

C. Date of Delivery

D. Is delivery address different from item 1?  
 If YES, enter delivery address below:  Yes  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered Mail  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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