



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 4544
RETURN RECEIPT REQUESTED**

February 3, 2012

Ahmad Jamal
3020 Carnegie LLC
3020 Carnegie Ave.
Cleveland, OH 44115-2631

FACILITY ID: 13-18-00-6846

NOTICE OF VIOLATION: Failure to complete Stage II Vapor Recovery System Tests

Dear Mr. Jamal:

On January 24, 2012, the Cleveland Division of Air Quality (CDAQ) inspected 3020 Carnegie LLC (Carnegie Shell) located at 3020 Carnegie Avenue in Cleveland. This letter serves as notification that you are operating sources in violation of the following applicable air statutes, air regulations, or air permit conditions.

CDAQ determined that Carnegie Shell failed to perform a Dynamic Pressure (D/P) test, an Air-to-Liquid Ratio (A:L) test, and a Static Leak (S/L) test as stipulated in Ohio Administrative Code (OAC) Rule 3745-21-09(DDD)(2). The S/L and A:L tests should have been completed by June 8, 2011 and the D/P test should have been completed by September 11, 2011. This is a violation of Ohio Administrative Code Rule 3745-21-09(DDD)(1)(c) and Ohio Revised Code (ORC) Section 3704.05(G).

Unless you undertake some type of corrective action with respect to the above noted violations, you will remain in non-compliance. CDAQ received notification from US Tank Alliance, Inc. that Stage II testing will be conducted on February 27, 2012. You are expected to keep this appointment. If the appointment cannot be kept you must submit a written timeline for conducting Stage II Vapor Recovery System tests within 14 days of your receipt of this letter and send it to the following address:

David Wagner
Cleveland Division of Air Quality
75 Erievue Plz., Fl. 2
Cleveland, OH 44114-1839



Violations of Ohio air pollution laws and /or permit terms and conditions are subject to the penalties stipulated in ORC Section 3704.99(A), which allows fines of not more than \$25,000 or imprisonment for not more than one year, or both, for each violation.

Free assistance with state and/or federal regulations, rules, laws or permit conditions can be provided at no charge through Ohio EPA Office of Compliance Assistance and Pollution Prevention (OCAPP). OCAPP can be contacted at <http://www.epa.state.oh.us/ocapp> or 614/644-3469 or 800/329-7518. CDAQ makes no guarantee that the facility will meet the qualifying guidelines established by the OCAPP.

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. 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 Carnegie Shell: 13-18-00-6846.

Sincerely,

Valencia White
Chief of Enforcement, CDAQ

VW/dlw LK

cc: 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\1318006846\2012-01-24 NOV.docx

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION (To be filled in by addressee)	
<ul style="list-style-type: none"> ■ 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. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: AHMAD JAMA' 3000 RD NERGIE SHELL 3000 N NERGIE AVE CLEVELAND OH 44115	B. Received by (Printed Name)	C. Date of Delivery 2/10/12
	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"/> G.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Page 2
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