



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 7010 1870 0000 6591 2373  
RETURN RECEIPT REQUESTED

August 11, 2011

Kevin Elkins  
TECT Power  
P. O. Box 17187  
Euclid, OH 44117-0187

NON-HPV

FACILITY ID: 13-18-20-7467  
2nd NOTICE OF VIOLATION: PERMIT-TO-INSTALL/OPERATE APPLICATION

Dear Mr. Elkins:

On March 24, 2011, the Cleveland Division of Air Quality (CDAQ) inspected TECT Corporation (TECT) located at 23555 Euclid 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.

On May 9, 2011, CDAQ issued a Notice of Violation (NOV) for operating an emissions unit, a glass-impregnated coating line for metal parts, without submitting a permit-to-install/operate application. On June 6, 2011, the post office returned the letter unclaimed. CDAQ re-sent the NOV on June 21, 2011 and was received on June 23, 2011. TECT is still in non-compliance. TECT's operation of the coating line is in violation of Ohio Administrative Code (OAC) Rules 3745-31-02(A) and the Ohio Revised Code (ORC) Sections 3704.05(F) and (G).

Unless you undertake some type of corrective action with respect to the above noted violations, you will remain in non-compliance. The PTIO application and surface coating operation emissions activity category form can be downloaded from the Ohio EPA's website: <http://www.epa.ohio.gov/dapc/fops/eac/eacforms.aspx>.

In accordance with OAC rule 3745-31-08(D), CDAQ requests new PTIO applications or potential to emit (PTE) calculations for the following EUs:

- P001: ASR plating line No. 1
- P004: blue etch anodizing line
- P005: acid etch line
- P006: ASR plating line No. 2
- P007: anodic etch line
- P011: abrasive cutting
- P015 forging presses



CDAQ requests that TECT submit the PTIO applications and PTE calculations to the following address:

Permit Section  
Cleveland Division of Air Quality  
75 Erieview Plz., 2<sup>nd</sup> Flr.  
Cleveland, OH 44114-1839

Your written response to this letter must be received by CDAQ within 30 days of your receipt of this letter. If there is insufficient time to correct the alleged violations within this timeframe, your response must include a timeline for correcting the alleged violations.

Please note that all permit applications submitted to CDAQ must include original signatures. Photocopied signatures are not valid; the application will not be accepted by CDAQ and will be returned to you if original signatures are not provided.

Free assistance with state and/or federal regulations, rules, laws or permit conditions can be provided at no charge through the Ohio EPA Office of Compliance Assistance and Pollution Prevention (OCAPP). OCAPP can be contacted at <http://www.epa.ohio.gov/ocapp> or 614/644-3469 or 800/329-7518. CDAQ makes no guarantee that the facility will meet the qualifying guidelines established by 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 TECT: 13-18-20-7467.

Sincerely,

*Linda Kimmy*

Linda Kimmy  
Field Enforcement Manager

LK/dlw

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\1318207467\2011-03-24 NOV2.docx

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Complete items 1, 2, and 3. Also complete Restricted Delivery if desired. Write your name and address on the reverse so we can return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Addressed to: — 27

ICT POWER  
5 - 1570  
KILZ, OH 44117

A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Recipient's (Printed Name)	C. Date of Delivery 8-17-11
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	

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