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 7012 2210 0000 5209 4630
RETURN RECEIPT REQUESTED**

2/21/13

Haitham Jaffal
HP Oil
7310 Lorain Ave.
Cleveland, OH 44102

FACILITY ID: 13-18-00-6856

**RESOLUTION OF VIOLATIONS
NOTICE OF VIOLATION FOLLOW-UP LETTER**

Dear Mr. Jaffal:

On 10/26/12, the Cleveland Division of Air Quality (CDAQ) inspected HP Oil located at 7310 Lorain Ave. in Cleveland.

On 11/5/12, CDAQ issued a Notice of Violation requesting that HP Oil conduct annual Static Leak (SL) and Air to Liquid Ratio (A/L) testing and submit passing test results. Additionally, you were requested to make appropriate arrangements for all station personnel to have access to required recordkeeping documentation.

On 12/7/12, CDAQ conducted a site visit and reviewed the required recordkeeping. In response to the inquiry regarding arrangements to conduct the annual SL and A/L testing it was explained that new pumps were scheduled to be delivered and installed between 12/13/12 and 12/20/12. Contact was established with Environmental Compliance Technologies, LLC (ECT), the supplier/installer and subsequent testing firm. ECT confirmed the arrangements and indicated they would forward an email to the CDAQ inspector establishing the same information.

On 12/10/12, CDAQ received the email confirmation from ECT.

On 12/12/12, CDAQ issued a Receipt of Corrective Action Plan (RCAP) letter acknowledging the arrangements for installation of new pumps. The RCAP letter also stipulated that you were expected to comply with submitting a new Permit by Rule (PBR) Notification Form for the installation of the new equipment. And, that SL, A/L and Dynamic Pressure (DP) testing needed to be conducted within sixty (60) days of completion of the installation. Passing test results were to be submitted to CDAQ.

On 1/16/13, CDAQ personnel witnessed successful SL, A/L and DP testing of the new equipment.

On 2/19/13, CDAQ received electronic copies of the SL, A/L and DP test results.

On 2/20/13, CDAQ personnel met with you on-site and provided an additional copy of the PBR Notification packet. The PBR Notification was completed and submitted to the CDAQ inspector at that time.

The corrective action plan was received 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 Dave DeChant at 216-664-3213. All correspondence with CDAQ must include the Ohio EPA facility identification number for HP Oil: 13-18-00-6856.

Sincerely,

Valencia White

Valencia White
Chief of Enforcement, CDAQ

VW/dd LK

cc: John Paulian, Ohio EPA Central Office
Brian Dickens, U.S. EPA Region V
L:\Data\Facilities\1318006856\2012-10-26 ROV+NEAR.docx

Ohio Environmental Protection Agency
Division of Air Pollution Control

Permit-by-Rule Notification Form
Gasoline Dispensing Facility

Submission of this form constitutes notice that the party identified in Section I of this form intends to be authorized to install/operate a source of air pollution according to the permit-by-rule provisions of OAC 3745-31-03(A)(4)(a) and (h) or (i). By submitting this form, the applicant agrees to operate and maintain the facility and equipment in accordance with the applicable permit-by-rule provisions. An original signature is needed and forms transmitted by fax will not be accepted. Complete all information as indicated by the instructions.

I. Applicant Information / Mailing Address

Company (Applicant) Name: Hanini Petroleum

Mailing (Applicant) Address: 7310 Lorain ave

City: Cleveland State: OH Zip Code: 44102

Contact Person: Joe Jaffal Phone: 961-7669 Fax: 961-5939 E-mail: w73rd@sbglobal.net

II. Facility / Site Location Information

Facility Name: HP oil

Facility Address / Location: 7310 lorain ave County: Cuyahoga

City: cleveland State: OH Zip Code: 44102

Facility Contact: _____ Phone: _____ Fax: _____ E-mail: _____

Ohio EPA Facility ID Number (10-digit) if known – *See Instructions*: 1318006856

III. Reason for Submitting Notification:

☐ Initial request ☑ Equipment modification ☐ Ownership change

☐ Request for revocation of current permit - *See Instructions and complete additional information below*

Permit to install (PTI) or Permit to operate (PTO) number _____ Emission Unit ID (4-digit) _____

IV. Permit-by-Rule Requested – *See Instructions for eligibility by county*

☐ Facility with Stage I controls OAC 3745-31-03(A)(4)(h)

☑ Facility with Stage I and II controls OAC 3745-31-03(A)(4)(i)

V. Storage Tank Information

☑ Yes ☐ No Are all gasoline tanks equipped with submerged fill pipes?

VI. Vapor Control System for Tank Filling (Stage I controls):

☐ Vapor balance, single point ☑ Vapor balance, dual point ☐ Other, describe _____

VII. Vapor Control System for Vehicle Refueling (Stage II controls): *Required in certain counties, see Instructions*

Manufacturer Name: Benet Model Number: Pacific

CARB Executive Order Number: G-70-183 Date installed (month/year) January 2013

Number of nozzles	Manufacturer	Model Number
8	Healey	600

VIII. Volume of Gasoline Dispensed: 40,000 gal/month, 480,000 gal/year

IX. Vapor Control System Exemption Status (check all that apply)

☐ Stage I controls exemption per OAC 3745-21-09(R)(4) – *See Instructions for additional information required to be submitted with this form.*

☐ Stage II controls exemption per OAC 3745-21-09(DDD)(4) – *See Instructions for additional information required to be submitted with this form.*

☑ Not applicable

I certify under penalty of law that all statements or assertions of fact made in this notification are true and complete, and shall subject the signatory to liability under state laws forbidding false or misleading statements.

Applicant Name (Print): Joe Jaffal Title: operator

Applicant Signature: [signature] Date: 2-20-13

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

Mail the original signed form to the appropriate Air Permit Review Agency (District Office/Local Air Agency) for your county. (Please refer to the Air Permit Review Agency map in the attached instructions for mailing address).

Rev 12/10

For Ohio EPA Use Only:

FAC ID: _____

Date received _____