



## REGIONAL AIR POLLUTION CONTROL AGENCY

Serving Clark, Darke, Greene, Miami, Montgomery & Preble Counties

117 South Main Street, Dayton, Ohio 45422-1280

937-225-4435 — Fax: 937-225-3486

www.rapca.org

May 6, 2008

### CERTIFIED MAIL

Mr. Seagraves  
2630 Rocket Ave  
Springfield, OH 45503

### WARNING LETTER

Dear Mr. Seagraves:

On May 2, 2008, the Regional Air Pollution Control Agency (RAPCA), received a complaint regarding illegal open burning of residential waste at 2630 Rocket Ave, Springfield, Ohio. On May 5, 2008, RAPCA investigated the complaint and found a burn site approximately 10 x 10 feet that contained paper, metals, plastics, wood, a couch, and other miscellaneous residential waste located within 1,000 feet of the nearest neighboring inhabited residence.

Pursuant to Ohio Administrative Code (OAC) rule and the Clark County Combined Health District Air Pollution Control Regulations (CCCHDAPCR) 3745-19-03, Open burning in restricted areas, open burning of residential waste for the purpose of waste disposal is prohibited. Residential waste includes, but is not limited to, paper, plastics, metals, building materials, wood, leaves, grass, and brush. The open burning documented on May 5, 2008 by RAPCA is a violation of OAC rule and CCCHDAPCR rule 3745-19-03.

This letter serves as notification to you of the above mentioned violations. You are hereby ordered to cease all illegal open burning activities. Any further actions in violation of the above mentioned rules may result in an enforcement action with civil and/or criminal penalties. If you have any questions, please contact me at 937-225-4004.

Sincerely,

Eileen C. Moran  
Air Pollution Control Specialist

cc: Springfield Township Fire Department  
Clark County Combined Health District

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Mr Seagraves</i>
1. Article Addressed to:  Mr. Seagraves 2630 Rocket Avenue Springfield, OH 45503	B. Received by (Printed Name)      C. Date of Delivery <i>Mr Seagraves</i> <i>5/12/08</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? If YES, enter delivery address below
	<input type="checkbox"/> Yes <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
7007 1490 0004 7510 0883	

PS Form 3811, February 2004

Domestic Return Receipt

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