



State of Ohio Environmental Protection Agency

Northwest District Office

347 North Dunbridge Road
Bowling Green, OH 43402-9398

TELE: (419) 352-8461 FAX: (419) 352-8468
www.epa.state.oh.us

Ted Strickland, Governor
Lee Fisher, Lieutenant Governor
Chris Korteski, Director

Re: Open Burning Complaint
Ashland County
Notice of Violation

August 17, 2007

CERTIFIED MAIL

Mr. Steve Denbow
107 County Road 281
Sullivan, Ohio 44880

Dear Mr. Denbow:

This office has received a report from the Ashland County Assistant Law Director concerning you open burning a large number of tires at 178 Township Road 391. By means of this letter we hope to inform you of the seriousness of open burning, and inform you that open burning is a strictly regulated activity in Ohio, regulated pursuant to Ohio Administrative Code 3745-19 (copy enclosed).

Mr. Denbow, you have been found in violation of OAC 3745-19.

At this time, we ask that you submit a written response to the Ohio EPA, regarding this report, your understanding of the regulations, and what measures will be taken to prevent any further violations. Your response should be received by this Agency by August 31, 2007.

Please be advised that the submission of information to respond to this letter does not constitute waiver of Ohio EPA's authority to seek civil penalties pursuant to ORC Section 3704.06. The Ohio EPA will make a decision on whether to pursue or decline to pursue such penalties regarding this matter at a later date.

Keep in mind that penalties of up to \$25,000 could be assessed.

If you have any questions concerning this letter or the regulations, please call me at (419) 373-3120.

Sincerely,

Joseph L. Grob
Environmental Specialist 3
Division of Air Pollution Control

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Enclosure

pc: Ashland County Health Department
Lisa Holscher, U.S. EPA, Region V
Tom Kalman, DAPC, CO
DAPC, NWDO File
NWDO Follow-up File
ec: Tom Sattler, Supervisor

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <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. | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p> |
| <p>1. Article Addressed to:</p> <p><i>MR. STEVE DENBOW</i> <i>107 COUNTY ROAD 281</i> <i>SULLIVAN, Ohio 44880</i></p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p> |
| <p>2. 7006 3450 0001 0611 3210</p> | |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p> | |

| U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | | | | | | | | | | | |
|---|-----------|----|---------------|--|--|--|---|--|---------------------------------|-----------|---|
| For delivery information visit our website at www.usps.com | | | | | | | | | | | |
| OFFICIAL USE | | | | | | | | | | | |
| <table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Total Postage & Fees</td> <td>\$</td> </tr> </table> | Postage | \$ | Certified Fee | | Return Receipt Fee (Endorsement Required) | | Restricted Delivery Fee (Endorsement Required) | | Total Postage & Fees | \$ | <p>Ohio EPA</p> <p>Postmark Here</p> |
| Postage | \$ | | | | | | | | | | |
| Certified Fee | | | | | | | | | | | |
| Return Receipt Fee (Endorsement Required) | | | | | | | | | | | |
| Restricted Delivery Fee (Endorsement Required) | | | | | | | | | | | |
| Total Postage & Fees | \$ | | | | | | | | | | |
| <p>Sent to <i>MR. STEVE DENBOW</i></p> <p>Street, Apt. No., or PO Box No. <i>107 COUNTY ROAD 281</i></p> <p>City, State, ZIP+4 <i>SULLIVAN, Ohio 44880</i></p> | | | | | | | | | | | |
| <p>PS Form 3800, August 2005 See Reverse for Instructions</p> | | | | | | | | | | | |

