



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 Korleski, Director

Re: Open Burning
Marion County
Notice of Violation

October 15, 2007

CERTIFIED MAIL

Ms. Carmelita Dutton
2204 Marion Green Camp Road
Marion, Ohio 43302

Dear Ms. Dutton:

This office has received a report from the Marion County Health Department concerning open burning on your property. 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).

Ms. Dutton, 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 the Agency by October 29, 2007.

Please be advised that the submission of information to respond to this letter does not constitute a 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

/llr

Enclosure

pc: Marion 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. 	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: MS. CARMELITA DUTTON 2204 MARION WEEW CAMP ROAD MARION OH 43302	B. Received by (Printed Name)	C. Date of Delivery
7006 3450 0001 0611 2985	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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Sent To MS. CARMELITA DUTTON Street, Apt. No., or PO Box No. 2204 MARION WEEW CAMP ROAD City, State, ZIP+4 MARION OH 43302			
PS Form 3800, August 2005		See Reverse for Instructions	