

Air Pollution Control Division

OhioEPA

APC Contractual Representative
Serving All of Stark County

Canton City Health Department

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(330) 489-3385 • Fax: (330) 489-3335

Robert E. Pattison, MPA
Health Commissioner

Daniel J. Aleman
APCD Administrator

CERTIFIED MAIL

October 1, 2007

Mr. Thomas Gillespie
Getco, Inc.
2710 Detroit Ave
Cleveland, OH 44113

Re: Warning Letter, Violation of Ohio Administrative Codes 3745-20-03 (A) (3) (a) and 3745-20-03 (A) (4) (e)

Dear Mr. Gillespie:

This warning letter is the result of an asbestos notification submitted by your company for asbestos removal work at the Trinity United Church of Christ, 3909 Blackburn Road, NW, Canton, OH.

The postmark on this notification is September 17, 2007. Your stated asbestos removal starting date is September 25, 2007. OAC Rule 3745-20-03 (A) (3) (a) requires that notification be given at least ten working days before the beginning of any work that will dislodge asbestos. This means that work can start on the eleventh day. Your earliest legal start day is October 1, 2007.

You also did not indicate the type of operation (Box III of the notification form). I was able to determine this by a telephone call to Mr. Spring of the facility.

This agency requests that Getco, Inc. review future projects to ensure that proper asbestos inspections and notifications are in place before conducting future renovation or demolition activities.

Should Getco, Inc. respond to this letter, any submission of a re-commitment and/or plan of action will not constitute a waiver of Ohio EPA's authority to seek civil penalties as provided in the ORC §3704.06. The determination to pursue or to decline to pursue such penalties in this matter will be made at a later date.

Sincerely,



Gregory A. Clark, CHMM, CAHES
Air Pollution Control Engineer

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  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: MR. THOMAS GILLESPIE GETCO, INC. 2710 DETROIT AVE CLEVELAND OH 44113	B. Received by (Printed Name) Eugene Beland	C. Date of Delivery 10/1/07
2. Article Number (Transfer from service label)	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	
	7005 3110 0000 8719 9551	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

