

Air Pollution Control Division

Canton City Health Department

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Robert E. Pattison, MPA
Health Commissioner

Daniel J. Aleman
APCD Administrator

OhioEPA

APC Contractual Representative
Serving All of Stark County

CERTIFIED MAIL

March 16, 2007

Mr. Jeffrey Wacker
Joseph A. Jeffries, Co.
5211 Louisville St.
Louisville, OH 44641

Re: Warning Letter, Ohio Administrative Code 3745-20-03(D)(2) at Pleasant view School,
3000 Columbus Rd NE

Dear Mr. Wacker:

The above regulation is the requirement that the owner or operator submit a revised asbestos notification if there is a change a project's demolition or renovation schedule.

On February 8, 2007 and again on February 12, 2007, representatives from this office were on the site and observed active demolition.

At that time, you had not supplied this office with a notification revision advising of the schedule change. This has since been corrected by you. This office requests your cooperation to ensure that no further asbestos demolition or renovation violations occur. If you have any questions, please contact me at the letterhead address.

Sincerely,



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

This Agency is an equal provider of services and an equal employment opportunity employer.

Promoting and Protecting Health Since 1849

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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X Gary Joseph</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery <i>GARY L. JOSEPH 3/19</i></p>
<p>1. Article Addressed to:</p> <p>MR. JEFFREY WACKER JOSEPH A. JEFFRIES, CO. 5211 LOUISVILLE ST LOUISVILLE, OH 44641</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? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7005 1160 0000 8900 1129</p>

PS Form 3811, August 2001

Domestic Return Receipt

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Sent To: JEFFREY WACKER
 Street, Apt. No., or PO Box No.: JOSEPH A. JEFFRIES, CO.
 5211 LOUISVILLE ST.
 City, State, ZIP+4: LOUISVILLE, OH 44641

PS Form 3800, June 2002 See Reverse for Instructions