

Corrected

Air Pollution Control Division



Canton City Health Department

420 Market Avenue North • Canton, Ohio • 44702-1544
(330) 489-3385 • Fax: (330) 489-3335

APC Contractual Representative
Serving All of Stark County

James M. Adams, RS, MPH
Health Commissioner

Daniel J. Aleman, MBA, PE
APCD Administrator

08/12/2010

*Certified Mail

Mr. H. Steven Poulos
Blairs Cleaners
6404 Market Avenue North
Canton, OH 44721

Re: Facility ID #: 1576001817
Permit-To-Install and Operate, Permit #: P0103815
Annual Permit Evaluation Report Overdue Notice

Dear Mr. H. Steven Poulos:

The Ohio Environmental Protection Agency (Ohio EPA) issued one or more permit(s)-to-install and operate (PTIO) for the facility identified above. Standard terms and conditions in a PTIO require an annual Permit Evaluation Report (PER) for each emissions unit contained in the permit. The PER which was due for the reporting period 01/01/2009 through 12/31/2009 was not submitted by the due date of February 15, 2010.

The PER must be completed using the hard copy forms provided to you with the PER reminder letter, or electronically via the eBusiness Center - Air Services at ebiz.epa.ohio.gov. Blank PER forms and frequently asked questions documents are available to download from the Ohio EPA Division of Air Pollution Control (DAPC) website at <http://epa.ohio.gov/dapc/permits/permits.aspx>.

Each submission of an incomplete, inaccurate or late report is in violation of the terms and conditions of the applicable PTIO. Violations of the terms and conditions of a PTIO permit are violations of Ohio Revised Code (ORC) Section 3704.05.

Please submit the required 2009 PER by August 31, 2010, and ensure that the next annual report is submitted on time, is complete, and accurate. If you have any questions concerning this letter, please contact me at 330-489-3385.

Sincerely,

A handwritten signature in cursive script that reads "Kelly J. Walker".

Kelly J. Walker
Canton City Health Department

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

MR. H. STEVEN POULOS
 BLAIRS CLEANERS
 6404 MARKET AVENUE NORTH
 CANTON, OH 44721

2. Article Number

(Transfer from service label)

7009 0080 0002 0413 2350

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Cheryl Galbraith* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-13-10

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

| | | |
|------------------------------------------------|---------|--|
| Postage | \$ 4.40 | |
| Certified Fee | 2.80 | |
| Return Receipt Fee (Endorsement Required) | 0.00 | |
| Restricted Delivery Fee (Endorsement Required) | 0.00 | |
| Total Postage & Fees | \$ 5.54 | |

Sent To
 MR. H. STEVEN POULOS/BLAIRS CLEANERS
 Street, Apt. No.,
 or P.O. Box No. 6404 MARKET AVENUE NORTH
 City, State, ZIP+4
 CANTON, OH 44721