

08/12/2010

# Air Pollution Control Division



APC Contractual Representative  
Serving All of Stark County

## Canton City Health Department

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

James M. Adams, RS, MPH  
Health Commissioner

Daniel J. Aleman, MBA, PE  
APCD Administrator

08/12/2010

\*Certified Mail

MR. NELSON CROSS  
ACE 1 HR CLEANERS  
3017 CLEVELAND AVE NW  
CANTON, OH 44709

Re: Facility ID #: 1576051326  
Permit-To-Install and Operate, Permit #: P0103948  
Annual Permit Evaluation Report Overdue Notice

Dear Mr. Nelson Cross:

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 04/01/2009 through 03/31/2010 was not submitted by the due date of May 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](http://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,

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. NELSON CROSS  
 ACE 1 HR CLEANERS  
 3017 CLEVELAND AVE NW  
 CANTON, OH 44709

2. Article Number  
 (Transfer from service label)

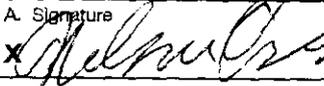
7009 0080 0002 0413 2336

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery  
 5-13

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

7009 0080 0002 0413 2336

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at: [www.usps.com](http://www.usps.com)

Postage	\$ 4.70	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>	

Sent To: MR. NELSON CROSS/ACE 1 HR CLEANERS  
 Street, Apt. No., or PO Box No.: 3017 CLEVELAND AVE NW  
 City, State, ZIP+4: CANTON, OH 44709

PS Form 3800, August 2006 See Reverse for Instructions