

Air Pollution Control Division

Ohio | Environmental
Protection Agency
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

Daniel J. Aleman, MBA, PE
APCD Administrator

James M. Adams, RS, MPH
Health Commissioner

3/8/2011

COPY

Larry Moore
Volcanic Heater, Inc.
12260 North Rockhill Ave.
Alliance, OH 44601

Re: Stark County
Volcanic Heater, Inc.
Facility ID #: 1576015002
Permit-To-Install and Operate
Permit Number: P0104125

Dear Larry Moore:

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(s) which was due for the reporting period 01/01/2010 through 12/31/2010 was not submitted by the due date, Feb 15, 2011.

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. 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 ensure that the next report is submitted on time, is complete, and accurate. If you have any questions concerning this letter, please contact me at epabin@cantonhealth.org or 330-489-3385.

Sincerely,

Ed Pabin
Canton City Health Department

7010 1060 0002 2976 0117

Postage		Postmark Here
Postage	\$ 0.44	
Certified Fee	2.80	
Return Receipt Fee (if return mail required)	2.30	
Restricted Delivery Fee (if return mail required)		
Total Postage & Fees	\$ 5.54	

Sent to **LARRY MOORE**
12260 NORTH ROCKHILL AVE
ALLIANCE, OH 44601

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 <i>Regina Greenison</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Regina Greenison</i></p> <p>C. Date of Delivery <i>3/9/11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>LARRY MOORE VOLCANIC HEATER, INC. 12260 NORTH ROCKHILL AVE ALLIANCE, OH 44601</p>	<p>3. Service Type</p> <p><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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7010 1060 0002 2976 0117</p>	