

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

Mr. Joseph Carbone, Sr.
SPOTLESS DRY CLEANERS
1683 North Main Street
N. Canton, OH 44720

Re: Stark County
SPOTLESS DRY CLEANERS
Facility ID #: 1576001790
Permit-To-Install and Operate
Permit Number: P0101049

Dear Mr. Joseph Carbone, Sr.:

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 kcanoza@cantonhealth.org or 330-489-3385.

Sincerely,

Kelly Kanoza
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:
 JOSEPH CARBONE SR
 SPOTLESS DRY CLEANERS
 1683 NORTH MAIN STREET
 NORTH CANTON, OH 44720

2. Article Number
 (Transfer from service label)

7010 1060 0002 2976 0070

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *P. Adams* Agent
 Addressee

B. Received by (Printed Name) *P. Adams* C. Date of Delivery *5-9-11*

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

7010 1060 0002 2976 0070

RETURNED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at www.ups.com

Postage	0.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54

Postmark
11

Sent to
 JOSEPH CARBONE SR.
 1683 NORTH MAIN STREET
 NORTH CANTON, OH 44720

See Reverse for Instructions