

# 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

# COPY

3/8/2011

Mr. Steve Geer  
C.L.S. Finishing, Inc.  
P.O. Box 239  
Tallmadge, OH 44278

Re: Stark County  
C.L.S. Finishing, Inc.  
Facility ID #: 1576175003  
Permit-To-Install and Operate  
Permit Number: P0105304

Dear Mr. Steve Geer:

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](http://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 [kkanzoa@cantonhealth.org](mailto:kkanzoa@cantonhealth.org) or 330-489-3385.

Sincerely,

Kelly Kanoza  
Canton City Health Department

**CERTIFIED MAIL RECEIPT**  
(Additional Insurance Coverage Provided)  
For more information, visit our website at [www.usps.com](http://www.usps.com)

Postmark Here

Postage	0.44
Insurance	2.80
Registration Fee	2.30
<b>Total Fees</b>	<b>\$ 5.54</b>

7010 1060 0002 2976 0056

STEVE GREER  
 PO BOX 239  
 TALLMADGE, OH 44278

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> <i>KIRL BROOK</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>KIRL BROOK</i> C. Date of Delivery <i>3-10-11</i></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>1. Article Addressed to:</p> <p>STEVE GREER          C.L.S. FINISHING, INC.          PO BOX 239          TALLMADGE, OH 44278</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  <small>(Transfer from service label)</small></p> <p>7010 1060 0002 2976 0056</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>