

# Air Pollution Control Division

## Canton City Health Department

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

James M. Adams, R.S., MPH  
Health Commissioner

Daniel J. Aleman, M.S., PE  
APCD Administrator

Mr. Sam Saleh  
3519 Cleveland AVE NW  
Canton, OH 44709

COPY

Friday, November 14, 2008

Certified Mail  
Stark County

**Re: NOTICE OF VIOLATION: The Ohio Administrative Code 3745-31-02 (A); Operation of a non-permitted air emissions source; Gas Dispensing Facility. Ohio EPA ID # 1576051215, Located at 3519 Cleveland AVE NW, Canton, OH 44709.**

Dear Mr. Saleh:

A review of Canton Local Air Agency files to update and verify compliance status has disclosed that the Permit to Install and Operate (PTIO) for this *Gas Dispensing Facility* registered under the prior ownership is to expire on *February 9, 2009* and to date; a renewal application or change of ownership notification has not been completed and submitted to this Agency. As is, the operation of this facility will not be in compliance with the State of Ohio regulations. Such an operation constitutes a violation of the Ohio Administrative Code (OAC) rule 3745-31-02 (A).

This is to notify you that your facility is qualified for a permit exemption option. A Permit-By-Rule (PBR) is a specific permit exemption in the OAC that applies to certain types of low-emitting air pollution sources including but not limited to *Gas Dispensing Facilities*. The PBR is an option you may use to exempt your source from the air permit application process.

A PBR exempts the air pollution source from the PTIO process and functions as both the installation and operating permit for the source. However, the air pollution source must continually meet all of the PBR criteria. If the air pollution source can no longer comply with the conditions of the PBR, you must apply for a traditional PTIO.

You may elect to obtain a traditional air permit, but because PBR's are part of OAC 3745-31-03 PTIO exemptions, the air pollution sources are exempt from the air permit application process and the associated PTIO fees. Additionally, if all air pollution sources at a facility are exempt, the facility is not required to pay annual emission fees.

Since the PBR effectively functions as the permit, Ohio EPA retains the authority to enforce all provisions of the OAC, including, but not limited to, revoking a company's option to operate under a PBR. Sources operating under a PBR can be inspected by Ohio EPA and are subject to the same enforcement provisions as other permitted facilities.

Copies of the PBR requirements, notification form, guidance materials, and other information can be obtained online at [www.epa.state.oh.us/dapc/pbr/permitbyrule.html](http://www.epa.state.oh.us/dapc/pbr/permitbyrule.html).

I have enclosed a Permit By Rule Notification Form – *Gas Dispensing Facility* and guidance materials. Please complete and send to:

Canton City Health Department  
Air Pollution Control Division  
Attn: Denny Tan  
420 Market AVE North  
Canton, OH 44702-1544

Should you have any questions concerning this letter or would like assistance with completing the *PBR Notification Form*, please contact me at 330.489.3385.

Regards,



Denny Tan

Staff Field Inspector II  
Air Pollution Control Division  
Canton City Health Department

Enc:

- 1) Permit by Rule Notification Form with instructions – Gas Dispensing Facility

Pc:

- 1) Correspondence file, November 2008

DT / dt

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Sent To: MR SAM SALEH  
 Street, Apt. No., or PO Box No.: 3519 CLEVELAND AVE NW  
 City, State, ZIP+4: CANTON OH 44709

PS Form 3800, June 2002 See Reverse for Instructions

**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 SAM SALEH  
 3519 CLEVELAND AVE NW  
 CANTON OH 44709

2. Article Number  
*(Transfer from service label)* 7006 0810 0004 5529 1697

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 (X) See below  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Omran Y. Saleh

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes