

# Air Pollution Control Division

## Canton City Health Department

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

**Robert E. Pattison, MPA**  
Health Commissioner

**Daniel J. Aleman**  
APCD Administrator

*Corres. - K001 -  
See Jan, 2004 NOV  
Corres. file.*  
**Ohio EPA**  
APC Contractual  
Representative  
Serving All of Stark Coun

August 16, 2007

CERTIFIED

Mr. Allen Bealer  
Countryside Body and Welding  
13785 Wooster Street, N.W.  
North Lawrence, OH 44666

Re: NOV (Notice of Violation) regarding OAC and ORC requirements @ Countryside Body and Welding, Inc.  
Ohio EPA, DAPC Facility ID No: 15 76 00 1845

Dear Mr. Bealer:

On January 20, 2004, the Canton Air Pollution Control Division sent a letter to you in regards to the above-mentioned Notice of Violation. We have enclosed a copy of the letter and a copy of the receipt acknowledging Countryside Body and Welding, Inc. did receive the letter.

As stated in the letter to you dated January 20, 2004, Countryside Body and Welding needs to complete and submit a Permit to Operate (PTO) application (EPA form 3150) and the associated Emissions Activity Category ("EAC") form (EPA form 3103/3108) for K001 - truck paint spray booth. This form should have been submitted within thirty days after commencement of the operation, which commenced in 1997.

Although we sent you the NOV dated January 20, 2004 requesting that you submit the PTO application and the EAC form 3103/3108, we do not find copies of either of these forms in our files.

Would you please check your files to see if you have submitted the PTO application for Emissions Unit K001 and the EAC form 3103/3108. If you have, please send us a copy of the PTO application and the EAC form. If you have not submitted these forms, we again request that you complete and submit the PTO application form for K001 (signed by an authorized official of Countryside Body and Welding) and the EAC form 3103/3108 for K001 within thirty days of receipt of this letter.

If you should have any questions in regards to the submission of these forms, please call me at (330) 489-3385 within ten days of receipt of this letter.

Sincerely,



David M. Augenstein, M.S., P.E.  
Air Pollution Control Engineer

Enc.

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

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Return Receipt Fee (Endorsement Required)	2.15	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.21	

Sent To: ALLEN BEALER  
 Street, Apt. No., or PO Box No.: COUNTRYSIDE BODY AND WELDING  
 13785 WOOSTER STREET NW  
 City, State, ZIP+4: NORTH LAWRENCE OH 44666

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:

ALLEN BEALER  
 COUNTRYSIDE BODY AND WELDING  
 13785 WOOSTER STREET NW  
 NORTH LAWRENCE OH 44666

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X 

B. Received by (Printed Name) C. Date of Delivery  
 JAMIE SHAW 8-20-07

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

7005 3110 0000 8719 9278