

Air Pollution Control Division

OhioEPA

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

James M. Adams, R.S., M.P.H.
Health Commissioner

Daniel J. Aleman, P.E.
APCD Administrator

COPY

CERTIFIED MAIL

September 27, 2011

Ms. Hope Peloso
PTO President, Taft Elementary School
3829 Guilford Ave NW
Canton OH 44718

Re: OPEN BURNING FOR FAMILY NIGHT, TAFT ELEMENTARY SCHOOL

Dear Ms. Peloso:

Thank you for your notification of September 13, 2011, received by this office on September 22, 2011, that you intend to conduct a ceremonial fire. Your fire will occur between the hours of 6 and 8 PM, October 20, 2011, at the School at the above address.

Please be aware that the wood must be clean and dry. Wood that is treated, painted, or varnished is not clean and may produce hazardous emissions when burned. No waste material may be burned and the fire cannot create a visibility hazard on public highways. The fuel pile cannot exceed 5x5x5 feet and the fire duration cannot exceed three hours.

By copy of this letter, the Plain Township Fire & Rescue is being made aware of this correspondence.

Thank you for your cooperation in this matter and have a safe event. Should you have any questions regarding open burning and the associated requirements, please contact me at (330) 489-3385.

Sincerely,



Gregory A. Clark, CHMM, CAHES
Air Pollution Control Engineer

cc: Addressee via first class mail

Troy Slabaugh, Plain Township Fire & Rescue, 2600 Easton St NE, Canton, OH 44721

Correspondence

Open Burn Permission, Plain Township

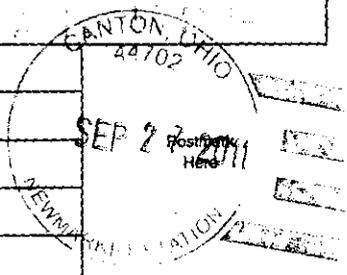
G.A. Clark

7010 1060 0002 2980 4507

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

For delivery information visit our website at www.usps.com

Postage	\$.44
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.59



Sent To **MS. HOPE PELOSO**

Street, Apt. No.,
or PO Box No. **3829 GUILFORD AVE NW PTO PRESIDE**

City, State, ZIP+4 **CANTON, OH 44718**

PS Form 3811, August 2006 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:
MS. HOPE PELOSO
PTO PRESIDENT, TAFT SCHOOL
3829 GUILFORD AVE NW
CANTON OH 44718

2. Article Number
 (Transfer from service tab)
 PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Nancy J. Feltz** Agent
 Addressee
 B. Received by (Printed Name) _____ Date of Delivery _____

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 2980 4507

Domestic Return Receipt

102595-02-44-1640