

Air Pollution Control Division

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Canton City Health Department

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

APC Contractual Representative
Serving All of Stark County

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

Daniel J. Aleman, P.E.
APCD Administrator

CERTIFIED MAIL

September 29, 2011

Ms. Natalie M Barr
2336 Cold Stream Ave
Canton, OH 44721

Re: CEREMONIAL FIRE, GLEN OAK HIGH SCHOOL

Dear Ms. Barr:

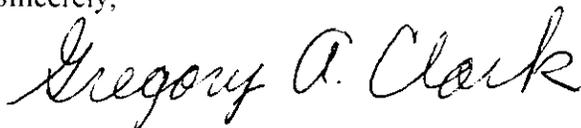
Thank you for your notification of September 22, 2011, received by this office on September 27, 2011, that the school intends to conduct a ceremonial fire. The fire will occur between the hours of 7 to 9 PM, October 6, 2011, at Glen Oak High School site at 1801 Schneider St. NE.

You stated that the fuel will be untreated pallets. This is a clean fuel. 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

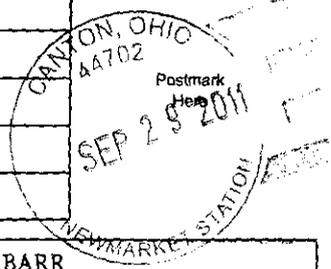
Open Burn Permission. Plain Township

G.A. Clark

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. NATALIE M BARR**
 Street, Apt. No., or PO Box No. **2336 COLD STREAM AVE**
 City, State, ZIP+4 **CANTON, OH 44721**

PS Form 3800, August 2005 See Reverse for Instructions

7010 1060 0002 2980 4514

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 NATALIE M BARR
 2336 COLD STREAM AVE
 CANTON, OH 44721

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name)
 C. Date of Delivery **9/30/11**
 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 2980 4514
 Domestic Return Receipt

102595-02-M-1840