

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

Terri A. Dzienis
APCD Interim Administrator

James M. Adams, RS, MPH
Health Commissioner

CERTIFIED MAIL

COPY

9/22/2011

Vernand Hall
816 Lawrence Rd NE
Canton, OH 44704

Re: ILLEGAL OPEN BURNING AT YOUR RESIDENCE IN MCKINLEY TOWNSHIP

Dear Vernand Hall:

The Canton City Health Department, Air Pollution Control Division (APCD) represents the Ohio EPA in air quality matters within Stark County. As such, APCD employees are charged with the responsibility to investigate and enforce Ohio EPA (OEPA) air pollution regulations.

This office is in receipt of a report that on 7/9/2011 the Canton City Fire Department was at your residence and discovered you burning insulation off of wire. Your fire was in violation of Ohio Administrative Code 3745-19-03.

This is a particularly hazardous type of open burning because the combustion of plastic releases not only the typical pollutants of particulate matter and carbon monoxide, but also numerous hazardous chemical byproducts. Please refrain from all open burning for waste disposal. Recreational fires are allowed, subject to rules of Ohio EPA and City Ordinances. The city rules are more restrictive. You may obtain information on recreational fires from the fire department at (330) 489-3411 during normal business hours.

There is no enforcement planned at this time, but be aware that future violations could result in monetary fines.

Sincerely,


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

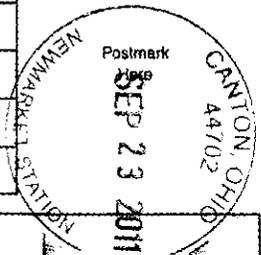
cc: Canton Fire Department, 110 7th Street SW, Canton, OH 44702
Correspondence
Complaints File, Open Burning, McKinley Township
GA Clark

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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For delivery information visit our website at www.usps.com

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Postage	\$ 0.44
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.59



Sent To: **VERNAND HALL**
 Street, Apt. No., or PO Box No.: **816 LAWRENCE RD NE**
 City, State, ZIP+4: **CANTON, OH 44704**

PS Form 3800, 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:
 VERNAND HALL
 816 LAWRENCE RD NE
 CANTON, OH 44704

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Registered Address

B. Received by (Printed Name): *V Hall*

C. Date of Delivery: *9 24*

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

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

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Domestic Return Receipt

102595-02-M-1540