

# 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

Ohio EPA  
APC Contractual  
Representative  
Serving All of Stark County

April 24, 2007

### CERTIFIED MAIL

Mr. Ronald C. Lewis  
1400 Mount Zion Avenue S.E.  
East Sparta, Ohio 44626-9516

**Re:** Open Burning at ~~1900~~ 1400 Mount Zion (*Corrected Copy*)  
Violation Notice

Dear Mr. Lewis:

Recently, an alleged open burning was reported to the Canton City Health Department-Air Pollution Control Division, the Stark County representative for the Ohio EPA's Division of Air Pollution Control. This agency investigated the complaint and no one was at home when the inspector investigated. Photographs were taken for documentation. This letter will briefly explain the State requirements concerning open burning and will request your compliance with such.

Because you are located in an unrestricted area, open burning is permitted, but with specific requirements. Please see the enclosed regulation, Ohio Administrative Code ("OAC") rule 3745-19. Any open burning on your property will be a violation of this regulation, section -04, if all requirements are not met (i.e. cookout fires cannot be used for waste disposal purposes, waste disposal fires cannot be justified by attempting to cook over them, waste disposal fires cannot occur within 1000 feet of a neighboring home, etc.). ***Your fire was a violation of OAC 3745-19-04 (B)(2) because the fire was not fueled with clean seasoned firewood, the fire was for waste disposal purposes, and the fire was too large.*** This Agency therefore requests the ceasing of all such illegal fires occurring on your property and/or being conducted by you. Please note that any further open burning violations may result in legal action by Ohio EPA or the local prosecutor's office and such legal action may include the issuing of a monetary penalty.

In accordance with Canton City Health Code 209.05, any person who is aggrieved by an order directing or requiring any action, forbearance or compliance may, prior to taking an appeal to the Canton Board of Health, request and receive a prompt hearing before the Canton City Health Commissioner or any representative specifically designated by him, provided that such request for administrative hearing is made in writing within five days from receipt of such order. Any person who is aggrieved by an order directing or requiring any action, forbearance or compliance from him may appeal to the Canton Board of Health in accordance with the procedures prescribed by the Board.

This Agency thanks you for your cooperation regarding this matter. Should you have any questions concerning this letter or the open burning regulations, please contact me at (330) 489-3385.

Sincerely,



Patrick G. Shriver  
APCD Staff Field Inspector II

Enclosure: OAC 3745-19 (Sent with original letter)

pc: Fire Chief, East Sparta Fire Department  
Deborah Moore, Stark County Health Department

# Air Pollution Control Division

OhioEPA

APC Contractual Representative  
Serving All of Stark County

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April 20, 2007

### CERTIFIED MAIL

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1400 Mount Zion Avenue S.E.  
East Sparta, Ohio 44626-9516

**Re:** Open Burning at 1900 Mount Zion  
Violation Notice

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Sincerely,



Patrick G. Shriver  
APCD Staff Field Inspector II

Enclosure: OAC 3745-19

pc: Fire Chief, East Sparta Fire Department  
Deborah Moore, Stark County Health Department

**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. RONALD LEWIS**  
**1400 MT. ZION AVE SE**  
**EAST SPARTA OH 44626**

2. Article Number  
 (Transfer from service label)

PS Form 3811, August 2001

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X**  Agent  
 Addressee

B. Received by (Printed Name) C. 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

*Handwritten signatures and initials in the delivery section.*

7005 1160 0000 8900 0177

Domestic Return Receipt 102595-02-M-1540

7005 1160 0000 8900 0177

2.40  
1.85

**MR. RONALD LEWIS**  
**1400 MT. ZION AVE SE**  
**EAST SPARTA OH 44626**

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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 1160 0000 8900 0399

Domestic Return Receipt 102595-02-M-1540

7005 1160 0000 8900 0399

.39  
2.40  
1.85  
4.64

**MR. RONALD LEWIS**  
**1400 MOUNT ZION AVE SE**  
**EAST SPARTA, OH 44626**