

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 Administrator

James M. Adams, RS, MPH
Health Commissioner

September 28, 2012

CERTIFIED MAIL

Daryl Lichtenwalter
2471 Carr Ave SW
Canton, OH 44706

**Re: NOTICE OF VIOLATION OF OHIO ADMINISTRATIVE CODE 3745-19-03;
unauthorized illegal open burning in a restricted area; First Violation**

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 have the authority to investigate and enforce Ohio EPA air pollution regulations.

On Monday, September 10, 2012 at 22:53 hrs, Perry Township Fire Department was at this address to investigate unauthorized burning. Since this property is located in what the Ohio Administrative Code (OAC) 3745-19-01(K) defines as a restricted area, OAC 3745-19-03(B) allows the following without notification to or permission from the Ohio EPA; bonfires, campfires and outdoor fireplace equipment, whether for cooking food for human consumption, pleasure, religious, ceremonial, warmth, recreational, or similar purposes, if the following conditions are met:

- (a) They are fueled with clean, seasoned firewood, natural gas or equivalent, or any clean burning fuel with emissions that are equivalent to or lower than those created from the burning of seasoned firewood;
- (b) They are not used for waste disposal purposes; and
- (c) They shall have a total fuel area of three feet or less in diameter and two feet or less in height.

On Monday, September 17, 2012 at approximately 10:40 a.m., Denny Tan, Monitoring and Inspections Supervisor, and I visited your home and observed the burn area, which was approximately five feet in diameter and contained plastic, insulation and metal. You would not allow us to photograph the burn area. Since these items do not constitute clean, seasoned firewood, the fire was being used for waste disposal and the burn area was larger than three feet in diameter, this is a violation of OAC 3745-19-03(B). I am enclosing a copy of OAC Rule 3745-19-03 for your reference.

Burning household waste produces many toxic chemicals and is one of the largest known sources of dioxin in the nation. Other air pollutants from open burning include particulate matter, sulfur

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dioxide, lead and mercury. These pollutants have been linked to several health problems, including asthma, respiratory illnesses, nervous system damage, kidney and liver damage, and reproductive or developmental disorders.

This agency requests your cooperation by ceasing any open burning in violation of Ohio EPA regulations. Be advised that the Ohio EPA does have the authority to penalize fines of up to \$250 per day to citizens for open burning violations, and does have the authority to request the attorney general to initiate legal action to seek additional penalties of up to \$25,000. Since this is the first violation at this property, we will not take further action at this time. Any future violation will result in penalties.

Sincerely,



Linda Morckel
Monitoring & Inspections Technician, Air Pollution Control

Enclosure: OAC 3745-19-03

cc: Perry Township Fire Department, 440 Canford Avenue, Massillon, OH 44646
Correspondence
Complaints File #7859, Open Burning, Perry Township

A		FDID 76121 *	State OH *	Incident Date 09/10/2012 *	Station 2	Incident Number 12-0002127 *	Exposure 000 *	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic				
B Location*		<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires.											
<input checked="" type="checkbox"/> Street address		2300		CARR		AVE		SW					
<input type="checkbox"/> Intersection		Number/Milepost		Prefix Street or Highway		Street Type		Suffix					
<input type="checkbox"/> In front of				MASSILLON		OH		44646					
<input type="checkbox"/> Rear of		Apt./Suite/Room		City		State		Zip Code					
<input type="checkbox"/> Adjacent to		Cross street or directions, as applicable											
<input type="checkbox"/> Directions													
C Incident Type *		E1 Date & Times Midnight is 0000				E2 Shift & Alarms							
113 Cooking fire, confined to container		Month Day Year Hr Min Sec				Local Option							
Incident Type		Alarm * 09/10/2012 22:53:56				Shift or Alarms District							
D Aid Given or Received*		ARRIVAL required, unless canceled or did not arrive				Platoon							
1 <input type="checkbox"/> Mutual aid received		<input checked="" type="checkbox"/> Arrival * 09/10/2012 23:04:36				CONTROLLED Optional, Except for wildland fires							
2 <input type="checkbox"/> Automatic aid recv.		Controlled				LAST UNIT CLEARED, required except for wildland fires							
3 <input type="checkbox"/> Mutual aid given		Last Unit				Special							
4 <input type="checkbox"/> Automatic aid given		Cleared				Study ID#							
5 <input type="checkbox"/> Other aid given		09/10/2012 23:14:48				Special							
N <input checked="" type="checkbox"/> None						Study Value							
F Actions Taken *		G1 Resources *				G2 Estimated Dollar Losses & Values							
80 Information, investigation & enforcement		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.				LOSSES: Required for all fires if known. Optional for non fires. None							
Primary Action Taken (1)		Apparatus Personnel				Property \$ 000,000							
Additional Action Taken (2)		Suppression 0001 0002				Contents \$ 000,000							
Additional Action Taken (3)		EMS				PRE-INCIDENT VALUE: Optional							
		Other				Property \$ 000,000							
		<input type="checkbox"/> Check box if resource counts include aid received resources.				Contents \$ 000,000							
Completed Modules		H1* Casualties <input type="checkbox"/> None				H3 Hazardous Materials Release				I Mixed Use Property			
<input type="checkbox"/> Fire-2		Deaths Injuries				N <input type="checkbox"/> None				NN <input type="checkbox"/> Not Mixed			
<input type="checkbox"/> Structure-3		Fire Service				1 <input type="checkbox"/> Natural Gas: slow leak, no evaluation or HazMat actions				10 <input type="checkbox"/> Assembly use			
<input type="checkbox"/> Civil Fire Cas.-4		Civilian				2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)				20 <input type="checkbox"/> Education use			
<input type="checkbox"/> Fire Serv. Cas.-5						3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container				33 <input type="checkbox"/> Medical use			
<input type="checkbox"/> EMS-6		H2 Detector				4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage				40 <input type="checkbox"/> Residential use			
<input type="checkbox"/> HazMat-7		Required for Confined Fires.				5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable				51 <input type="checkbox"/> Row of stores			
<input type="checkbox"/> Wildland Fire-8		1 <input type="checkbox"/> Detector alerted occupants				6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only				53 <input type="checkbox"/> Enclosed mall			
<input checked="" type="checkbox"/> Apparatus-9		2 <input type="checkbox"/> Detector did not alert them				7 <input type="checkbox"/> Motor oil: from engine or portable container				58 <input type="checkbox"/> Bus. & Residential			
<input checked="" type="checkbox"/> Personnel-10		U <input checked="" type="checkbox"/> Unknown				8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons				59 <input type="checkbox"/> Office use			
<input type="checkbox"/> Arson-11						9 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form				60 <input type="checkbox"/> Industrial use			
J Property Use* Structures		341 <input type="checkbox"/> Clinic, clinic type infirmary				539 <input type="checkbox"/> Household goods, sales, repairs				63 <input type="checkbox"/> Military use			
131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office				579 <input type="checkbox"/> Motor vehicle/boat sales/repair				65 <input type="checkbox"/> Farm use			
161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile				571 <input type="checkbox"/> Gas or service station				66 <input type="checkbox"/> Other mixed use			
162 <input type="checkbox"/> Bar/Tavern or nightclub		419 <input checked="" type="checkbox"/> 1-or 2-family dwelling				599 <input type="checkbox"/> Business office							
213 <input type="checkbox"/> Elementary school or kindergarten		429 <input type="checkbox"/> Multi-family dwelling				615 <input type="checkbox"/> Electric generating plant							
215 <input type="checkbox"/> High school or junior high		439 <input type="checkbox"/> Rooming/boarding house				629 <input type="checkbox"/> Laboratory/science lab							
241 <input type="checkbox"/> College, adult education		449 <input type="checkbox"/> Commercial hotel or motel				700 <input type="checkbox"/> Manufacturing plant							
311 <input type="checkbox"/> Care facility for the aged		459 <input type="checkbox"/> Residential, board and care				819 <input type="checkbox"/> Livestock/poultry storage (barn)							
331 <input type="checkbox"/> Hospital		464 <input type="checkbox"/> Dormitory/barracks				882 <input type="checkbox"/> Non-residential parking garage							
Outside		519 <input type="checkbox"/> Food and beverage sales				891 <input type="checkbox"/> Warehouse							
124 <input type="checkbox"/> Playground or park		936 <input type="checkbox"/> Vacant lot				981 <input type="checkbox"/> Construction site							
655 <input type="checkbox"/> Crops or orchard		938 <input type="checkbox"/> Graded/care for plot of land				984 <input type="checkbox"/> Industrial plant yard							
669 <input type="checkbox"/> Forest (timberland)		946 <input type="checkbox"/> Lake, river, stream				Lookup and enter a Property Use code only if you have NOT checked a Property Use box:							
807 <input type="checkbox"/> Outdoor storage area		951 <input type="checkbox"/> Railroad right of way				Property Use 419							
919 <input type="checkbox"/> Dump or sanitary landfill		960 <input type="checkbox"/> Other street				1 or 2 family dwelling							
931 <input type="checkbox"/> Open land or field		961 <input type="checkbox"/> Highway/divided highway											
		962 <input type="checkbox"/> Residential street/driveway											

K1 Person/Entity Involved _____ - _____ - _____
Local Option Business name (if applicable) Area Code Phone Number

Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr.,Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner Same as person involved? Then check this box and skip The rest of this section. _____ - _____ - _____
Local Option Business name (if Applicable) Area Code Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr.,Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

L Remarks

Local Option

09/10/2012 23:43:07 africke1019

DISPATCHED FOR A DUMPSTER FIRE. UPON ARRIVAL PROPERTY LOOKED LIKE A JUNK YARD. THERE WAS DEPRIS ALL OVER. FIRE WAS CONTAINED IN A STEEL BOX APPROX. 4FTx4FT. PROPERTY OWNER SAID THAT THEY WERE COOKING. NOTIFIED OWNER OF LEGAL BURNING REGULATIONS. FIRE WAS CONTROLLED.

DEREK LICHTENWALTER
330-453-3391
(HOME)
330-309-4693 (CELL)

L Authorization

| 241 | | BOOK, PAUL E | | FFE | | | | 09 | | 10 | | 2012 |
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if | 363 | | FRICKE, AMANDA E | | FFE | | | | 09 | | 10 | | 2012 |
same as Officer in charge. Member making report ID Signature Position or rank Assignment Month Day Year

