



AKRON REGIONAL  
AIR QUALITY MANAGEMENT DISTRICT

Agent of the Ohio Environmental Protection Agency • Division of the Akron Health Department  
Serving Medina, Portage and Summit Counties

TELEPHONE: (330) 375-2480  
FAX: (330) 375-2402

L. M. Malcolm, P.E.  
Administrator

CERTIFIED MAIL  
NOTICE OF VIOLATION

January 26, 2009

Mr. Tony Farinacci  
Tri-County Concrete  
PO Box 665  
Twinsburg, OH 44087

Dear Mr. Farinacci:

This letter concerns the Concrete Plant, Roadways, and Concrete Crusher (P901, F001, F003) that are currently present at your facility.

These emissions units all have Permits to Operate that expired on 04/01/04. No renewal applications have been submitted to this agency.

You were last notified by this agency in a letter dated October 28, 2008 that these emissions units all have expired permits. At that time you were provided with the appropriate applications forms, and requested to complete and return them within 30 days.

Please submit complete applications to this agency no later than thirty (30) days of the date of the receipt of this letter.

I must advise you that it appears that you may be operating in violation of the requirements of OAC rules 3745-31-02(A)(1)(c) which states, in part, that "No person shall cause, permit, or allow the operation of an air contaminant source without first applying for and obtaining a Permit to Operate from the Ohio EPA." Acceptance of complete applications and issuance of appropriate permits does not constitute a waiver of the Ohio EPA authority to seek enforcement action in this case. The decision to pursue, or decline to pursue, enforcement action in this matter will be made at a later date.

If you have questions, please contact me.

Sincerely,

Sean Vadas  
Air Quality Engineer

cc: Lisa Holscher, USEPA Region V  
Tom Kalman, Ohio EPA  
Frank Markunas, ARAQMD ✓

Feb 3, 2009  
→ he called asking  
for clarification

APPLICATIONS  
received  
2-24-09

CITICENTER - SUITE 904  
146 SOUTH HIGH STREET • AKRON, OHIO 44308  
An equal opportunity employer and provider of services - CRA 1964

UNITED STATES POSTAL SERVICE

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\* Sender: Please print your name, address, and ZIP+4 in this box \*

Akron Air Quality  
146 S. High Street, Ste. 904  
Akron, OH 44308

11 2 17

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>Fred Farinacci</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>FRED FARINACCI</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Mr. Tony Farinacci Tri-Country Concrete PO Box 665 Twinsburg, OH 44087</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p style="text-align: center;">7007 0220 0004 1204 1794</p>