

County Courthouse
110 S. 4th Street - PO Box 395
Oregon, Illinois 61061-0395



DEBORAH E. ELLIS
OGLE COUNTY STATE'S ATTORNEY

Voice: (815) 732-1170
Fax: (815) 732-6607
e-mail: ogleesa@oglecounty.org

RECEIVED
CLERK'S OFFICE

NOV 26 2003

STATE OF ILLINOIS
Pollution Control Board

November 24, 2003

Ms. Dorothy M. Gunn, Clerk
Illinois Pollution Control Board
James R. Thompson Center
100 West Randolph, Suite 11-500
Chicago, IL 60601

AC04-24

Re: ADMINISTRATIVE CITATION
IEPA Case No.:
Site Code No: 1418005001-Ogle
Inspection Date: September 24, 2003

Dear Ms. Gunn:

In a letter date November 19, 2003, I promised to let you know when our office received a return of the green receipt card from the Respondent in regard to this matter. Our office has received the receipt and, consequently, I am enclosing with this letter the a copy of each side of the card.

I anticipate the delivery of the copy of the certified mail receipt, which was signed within sixty-days of the most recent inspection of this site, to meet the relevant procedural requirement. The original Proof of Service of the Administrative Citation on the Respondent was included with the original packet sent out on November 19, 2003. Please let me know if your records do not indicate receipt of that Proof of Service.

Again, thank you very much for your assistance and attention to this matter. If there are any further documents or materials which you need from us, please let me know.

Sincerely,


Michael Myzia

Enclosure

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:

Kenneth Gillard
P.O. Box 491
Millington, IL 61051

7000 1620 0013 04258066

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

MANDA RAY *11/20/03*

C. Signature

X

Manda Ray

☐ Agent
☐ Addressee

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)

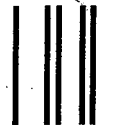
☐ Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

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

Ogle County Solid Waste Management Dept.
 (815) 732-4020
 909 West Pines Road
 Oregon, IL 61061-9067

Michael Meyer

