



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

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JUN 09 2004

1021 NORTH GRAND AVENUE EAST, P.O. BOX 19276, SPRINGFIELD, ILLINOIS 62794-9276, 217-782-3397

JAMES R. THOMPSON CENTER, 100 WEST RANDOLPH, SUITE 11-300, CHICAGO, IL 60601-5114-5028

ROD R. BLAGOJEVICH, GOVERNOR

RENEE CIPRIANO, DIRECTOR

STATE OF ILLINOIS
Pollution Control Board

(217) 782-5544
TDD: (217) 782-9143

Acc 04-81

June 2, 2004

The Honorable Dorothy Gunn, Clerk
Illinois Pollution Control Board
State of Illinois Center
100 West Randolph, Suite 11-500
Chicago, IL 60601

Re: Illinois Environmental Protection Agency v. Ralph and Lois Williams
IEPA File No. 272-04-AC
0958005004—Knox County

Dear Clerk Gunn:

Please be advised that service was had on Respondents, Ralph and Lois Williams, on May 28, 2004.
In order to avoid default, a Petition for Review must be filed with the Illinois Pollution Control Board on or before July 2, 2004.

A copy of the returned Certified Mail Receipt is attached hereto.

Sincerely,

Michelle M. Ryan
Assistant Counsel

Attachment

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

RECEIVED
CLERK'S OFFICE

JUN 09 2004

STATE OF ILLINOIS
Pollution Control Board

ILLINOIS ENVIRONMENTAL
PROTECTION AGENCY,

Complainant,

v.

RALPH and LOIS WILLIAMS,

Respondents.

AC

04-81

(IEPA No. 272-04-AC)

NOTICE OF FILING

To: Ralph and Lois Williams
189 Knox Road 730N
Galesburg, IL 61410

PLEASE TAKE NOTICE that on this date I mailed for filing with the Clerk of the Pollution
Control Board of the State of Illinois the following instrument(s) entitled CERTIFIED MAIL
RECEIPT.

Respectfully submitted,



Michelle M. Ryan
Special Assistant Attorney General

Illinois Environmental Protection Agency
1021 North Grand Avenue East
P.O. Box 19276
Springfield, Illinois 62794-9276
(217) 782-5544

Dated: June 2, 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X LOIS WILLIAMS</p>
<p>1. Article Addressed to:</p> <p>Ralph and Lois Williams 189 Knox Road 730N Galesburg, IL 61410</p> <p>(272-04-AC)</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Lois Williams 5-28-04</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>2. Article No. (Transfer)</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 checked="" 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>7002 3150 0000 1258 8277</p>	