



Illinois Environmental Protection Agency 10 2004

1021 North Grand Avenue East, P.O. Box 19276, Springfield, Illinois 62794-9276 offution? Control Board James R. Thompson Center, 100 West Randolph, Suite 11-300, Chicago, IL 60601, 312-814-6026

ROD R. BLAGOJEVICH, GOVERNOR

RENEE CIPRIANO, DIRECTOR

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

June 8, 2004

Ac04-84

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. City of Salem, Roger Kinney, Dick Brown and

Jason Bruce

IEPA File No. 275-04-AC; 1218130007—Marion County

Dear Clerk Gunn:

Please be advised that service was had on Respondents, City of Salem, Roger Kinney, Dick Brown and Jason Bruce on June 4, 2004. In order to avoid default, a Petition for Review must be filed with the Illinois Pollution Control Board on or before July 9, 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 JUN 1 0 2004

STATE OF ILLINOIS Pollution Control Board

ILLINOIS ENVIRONMENTAL)	
PROTECTION AGENCY,)	1
Complainant,)	AC 04-84
v.)	(IEPA No. 275-04-AC)
CITY OF SALEM, ROGER KINNEY,)	
·	,	
DICK BROWN and JASON BRUCE,)	
)	
)	
Respondents.)	

NOTICE OF FILING

To: City of Salem

John Pruden 101 South Broadway

Salem, Illinois 62881

Roger Kinney

101 South Broadway

Salem, Illinois 62881

Dick Brown and Jason Bruce

101 South Broadway Salem, Illinois 62881

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 8, 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature X Con bu Agent Addressee
 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. 	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1?
Dick Brown, & Jason Bruce 101 South Broadway Salem, IL 62881	
<i>(</i>	3. Service Type Certified Mail Registered Insured Mail C.O.D.
275-04)	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number 7002 3150 000 7002 7002 7000 7000 7000 7000 700	10 1258 8451
S Form 3811, August 2001 Domestic F	Return Receipt 102595-02-M-1540
ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signazure
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Agent Addressee
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.	B. Received by (Printed Name) C. Date of Delivery 6-41-44
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
City of Salem John Pruden 101 South Broadway Salem, IL 62881	3. Service Type
	Certified Mail
75-04)	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Numl (<i>Transfer fro</i>) 7002 3150 0000	1258 8390
S Form 3811, August 2001 Domestic R	eturn Receipt 102595-02-M-1540
ENDER: COMPLETE THIS SECTION	COMPLETE THE SECTION OF STREET
Complete items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON DELIVERY A. Signature
	11 /3 ··· - —
item 4 if Restricted Delivery is desired.	X Agent
rtem 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.	X Agent Addressee B. Redeived by (Printed Name) C. Date of Delivery
rtem 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.	B. Received by (Printed Name) C. Date of Delivery D. is delivery address different from item 1? Yes
rtem 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. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
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rtem 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. Article Addressed to: Oger Kinney Ol South Broadway	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
rtem 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. Article Addressed to: Oger Kinney Ol South Broadway	B. Regeived 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

7002 3150 0000 1258 8444

PROOF OF SERVICE

I hereby certify that I did on the 8th day of June 2004, send by U.S. Mail, with postage thereon fully prepaid, by depositing in a United States Post Office Box a true and correct copy of the following instrument(s) entitled CERTIFIED MAIL RECEIPT

To:

City of Salem

Roger Kinney

Dick Brown and Jason Bruce

John Pruden

101 South Broadway

101 South Broadway

101 South Broadway

Salem, Illinois 62881

Salem, Illinois 62881 Salem, Illinois 62881

and the original and nine (9) true and correct copies of the same foregoing instruments on the same date by Certified Mail, Return Receipt Requested, with postage thereon fully prepaid

To:

Dorothy Gunn, Clerk
Pollution Control Board
James R. Thompson Center
100 West Randolph Street, Suite 11-500

Chicago, Illinois 60601

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