

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY RECEIVED

1021 North Grand Avenue East, P.O. Box 19276, Springfield, Illinois 62794-9276 – (217) 782-2829

James R. Thompson Center, 100 West Randolph, Suite 11-300, Chicago, IL 60601 – (312) 814-6028 0 9 2009

Douglas P. Scott, Director STATE OF ILLINOIS Pollution Control Board

Ac09-34

(217) 782-9817 TDD: (217) 782-9143

February 5, 2009

John Therriault, Clerk Illinois Pollution Control Board James R. Thompson Center 100 West Randolph Street, Suite 11-500 Chicago, Illinois 60601

Re: <u>Illinois Environmental Protection Agency v. Jack Campbell</u>

IEPA File No. 2-09-AC: 1938075005- White County

Dear Mr. Therriault:

Please be advised that service was had on Respondent, Jack Campbell, on February 4, 2009. In order to avoid default, a Petition for Review must be filed with the Illinois Pollution Control Board on or before March 11, 2009.

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

Assistant Counsel

Enclosures

RECEIVED CLERK'S OFFICE

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

ADMINISTRATIVE CITATION

FEB 0 9 2009

STATE OF ILLINOIS Pollution Control Board

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY,)	
Complainant,)	AC 09-34
v.)	(IEPA No. 2-09-AC)
JACK CAMPBELL,)	
Respondent.)	

NOTICE OF FILING

To: Jack Campbell

412 North East Street

Norris City, Illinois 62869

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 Assistant Counsel

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

Dated: February 5, 2009

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 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. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery
Article Acdressed to:	D. Is delivery address different from item 1? Yes
Jack Campbell	If YES, enter delivery address below: No
Jack Campbell 42 N. East St.	
Non's City, IL 1250	
10011s Cig, 24 6286	7 C. Gervice Type
	Certified Mail
O Adda Numb	4. Restricted Delivery? (Extra Fee)
Total Control of the	3020 0002 3214 2995
PS Form 3811 ebruary 2004 Domestic	Return Receipt 102595-02-M-1540

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PROOF OF SERVICE

I hereby certify that I did on the 5th day of February 2009, 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: Jack Campbell

412 North East Street Norris City, Illinois 62869

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: John Therriault, Clerk

Pollution Control Board James R. Thompson Center

100 West Randolph Street, Suite 11-500

Chicago, Illinois 60601

Michelle M. Ryan Assistant Counsel

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