



JOHN B. ROE
STATE'S ATTORNEY OF OGLE COUNTY
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September 11, 2009

Ms. Dorothy M. Gunn, Clerk of the Board
Illinois Pollution Control Board
100 W. Randolph, Suite 11-500
Chicago, Illinois 60601

Re: Administrative Citation – Knutson/Bocker
AC#: 2010-004
IEPA-LPC Site #: 1418015002
Inspection Dates: 07/06/2009 & 07/07/2009

Dear Clerk:

Enclosed for filing are the proofs of service in the above matter. I am also sending the affidavit again. The original that was sent was two-sided, however only one side is scanned into the system. I will send that again so there is no confusion.

Sincerely,

Handwritten signature of Emily Seifert in blue ink.
Assistant State's Attorney
Ogle County

Electronic Filing - Received, Clerk's Office, September 11, 2009 Ogle County Sheriff's Office

103 Jefferson St., Oregon, IL 61061
815-732-6666

Affidavit of Service

Case #: 200900001397 Docket #: IEPA-LPC#1418 Process #: 200900001656 **Serve By Date:** 09/04/2009

Person to Serve: Bocker Excavating, *Serve Dan Bocker*

Address: 3542 Long St Apt #: _____ **DOB:** 8/11/70 **Sex:** M **Race:** W

City: Polo *Syl* State: IL Zip: 61064

Phone: 815)514-8264

LKA: 2744 W. Branch Rd. Polo Citation Package

Process Type: Notice of Filing, Entry of Appearance, Administrative Citation, Informatic

I certify that I served the above papers on the above named person as follows: Notice

- Personal Service: By leaving a copy of the above papers with the named person personally.
- Substitute Service: By leaving a copy of the above papers at the above address with a person of the family of the age of 13 yrs or upwards, and informing that person of the contents thereof. Also, a copy of the above papers was mailed to the above named person at the above address.

Person Served: _____

Relationship: _____

Service on: Corporation Company Business Partnership (Circle One)

By leaving a copy of the above papers (or interrogatories) with the registered agent, authorized person or partner of the above named person.

Person with whom papers were left: DAN BOCKER, OWNER

(Circle One) Registered Agent Authorized Person Partner

Address of Service: RTES 36 # 52, POLO

This 2 Day Of SEPTEMBER, 2009 at 9:00 am pm

Gregory A. Beitel, Sheriff, by *Jan Gould*, Deputy

-----SERVICE ATTEMPTS-----

	Time	Server	Reason
1.	9/2/09	0745 D35	Left Vm
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Sheriff's Fees

Service: _____

Return: _____

Milage: _____

Postage: _____

Other: _____

Electronic Filing - Received, Clerk's Office, September 11, 2009 Ogle County Sheriff's Office

103 Jefferson St., Oregon, IL 61061
815-732-6666

Affidavit of Service

Case #: 200900001397 Docket #: IEPA-LPC#1418 Process #: 200900001657 **Serve By Date:** 09/07/2009
Person to Serve: Knutson, Kathy L,

Address: 9413 W Henry Rd Apt #:
City: Polo State: IL Zip: 61064
Phone: 815-946-2040

DOB: 3/15/49 Sex: F Race: W

Citation Package

Process Type: Notice- _____ of Filing, Entry of Appearance, Administrative Citation, Informatic

I certify that I served the above papers on the above named person as follows: Notice-

Personal Service: By leaving a copy of the above papers with the named person personally.

Substitute Service: By leaving a copy of the above papers at the above address with a person of the family of the age of 13 yrs or upwards, and informing that person of the contents thereof. Also, a copy of the above papers was mailed to the above named person at the above address.

Person Served: _____

Relationship: _____

Service on: Corporation Company Business Partnership (Circle One)
By leaving a copy of the above papers (or interrogatories) with the registered agent, authorized person or partner of the above named person.
Person with whom papers were left: _____

(Circle One) Registered Agent Authorized Person Partner

Address of Service: Spm 9

This 8 Day of SEPTEMBER, 2009 at 14:40 am pm

Gregory A. Beitel, Sheriff, by [Signature], Deputy

-----SERVICE ATTEMPTS-----

	Time	Server	Reason	Sheriff's Fees
1.	9/2/09 0710	_____	_____	Service: _____
2.	9/2/09 0915	DBS	OUT OF TOWN	Return: _____
3.	_____	UP71L	9/7/09	Milage: _____
4.	9/8/09 1245	_____	_____	Postage: _____
5.	_____	_____	_____	Other: _____

Electronic Filing - Received, Clerk's Office, September 11, 2009 Ogle County Sheriff's Office

103 Jefferson St., Oregon, IL 61061
815-732-6666

****Affidavit of Service****

Case #: 200900001397 Docket #: IEPA-LPC#1418 Process #: 200900001658 **Serve By Date: 09/07/2009**

Person to Serve: Knutson, Steve R, Sr.

Address: 9413 W Henry Rd Apt #: _____
City: Polo State: IL Zip: 61064

DOB: 5/04/50 Sex: M Race: W

Phone: 815) 946-2040

Cell 815-297-5928

Citation Package

Process Type: **Notice-** of Filing, Entry of Appearance, Administrative Citation, Informati

I certify that I served the above papers on the above named person as follows: Notice.

Personal Service: By leaving a copy of the above papers with the named person personally.

Substitute Service: By leaving a copy of the above papers at the above address with a person of the family of the age of 13 yrs or upwards, and informing that person of the contents thereof. Also, a copy of the above papers was mailed to the above named person at the above address.

Person Served: _____

Relationship: _____

Service on: Corporation Company Business Partnership (Circle One)

By leaving a copy of the above papers (or interrogatories) with the registered agent, authorized person or partner of the above named person.

Person with whom papers were left: _____
(Circle One) Registered Agent Authorized Person Partner

Address of Service: *Same*

This *8* Day Of *SEPTEMBER*, 2009 at *12:45* am pm

Gregory A. Beitel, Sheriff, by *[Signature]*, Deputy

-----SERVICE ATTEMPTS-----

	Time	Server	Reason	Sheriff's Fees
1.	<i>9/2/09 0710</i>	_____	_____	Service: _____
2.	<i>9/2/09 0915</i>	<i>D35</i>	<i>OUT OF TOWN UNTIL 9/7/09</i>	Return: _____
3.	_____	_____	_____	Milage: _____
4.	_____	_____	_____	Postage: _____
5.	_____	_____	_____	Other: _____

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:

Dan Becker
2744 W. Branch Rd.
Palo, IL 61064

2. Article Number

(Transfer from service label)

7008 1830 0002 2530 8074

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Tina Gardner* Agent Addressee

B. Received by (Printed Name)

Tina Gardner

C. Date of Delivery

9/9/09

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 Yes

UNITED STATES POSTAL SERVICE

DIS. SEP 2009 004 6 7



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

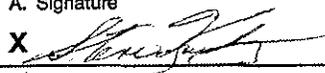
• Sender: Please print your name, address, and ZIP+4 in this box •

JOHN B. ROE
Ogle County States Attorney
106 South Fifth Street, Suite 110
Oregon, IL 61061

Received
SEP 08 2009
Ogle County
States Attorney

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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 </p>	
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-left: 20px;">Kathy Knutson 9413 W. Henry Rd Polo, IL 61064</p>	<p>B. Received by (Printed Name)</p> <p style="font-size: 1.2em; margin-left: 20px;">Steve Knutson</p>	<p>C. Date of Delivery</p> <p style="font-size: 1.2em; margin-left: 20px;">9/8/09</p>
<p>2. Article Number (Transfer from st)</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>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 style="text-align: center;">7008 1830 0002 2530 8067</p>		

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 •

JOHN B. ROE
Ogle County States Attorney
106 South Fifth Street, Suite 110
Oregon, IL 61061



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:

Steve Knutson
9413 W. Henry Rd
Polo, IL 61064

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Steve Knutson Agent Addressee

B. Received by (Printed Name) Date of Delivery
Steve Knutson *9/11/09*

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

2. Article Number *7008 1830 0002 2530 8050*
(Transfer from service label)

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 •

JOHN B. ROE
Ogle County States Attorney
106 South Fifth Street, Suite 110
Oregon, IL 61061



State of Illinois, Ogle County

Affidavit

County of Ogle)	
)	
Complainant)	
)	AC No.:
v.)	
)	
Kathy Knutson)	
Steve Knutson)	
Dan Bocker)	
)	
Respondents)	

Affiant, being first duly sworn, voluntarily deposes and states as follows:

1. Affiant is a field inspector employed by the County of Ogle and has been so employed at all times pertinent hereto.
2. On, July 6, 2009 between 2:00 pm and 2:30 pm in response to a citizen complaint, Affiant conducted an inspection of an open dump operated without an Agency permit, located in Ogle County, Illinois and known as Knutson/Bocker by the Illinois Environmental Protection Agency. This inspection was the basis for the AC. Said site has been assigned Site Code No. 1418015002 by the Agency.
3. Affiant inspected said Knutson/Bocker site by an on-site inspection which included photographing the site.

4. A follow up inspection of the Knutson/Bocker site was conducted by Affiant on July 7, 2009, between the hours of 10:30 am – 11:22 am.

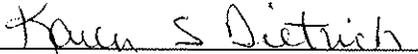
5. As a result of the activities referred to in Paragraph 3 above, Affiant completed the Inspection Report forms attached hereto and made a part hereof, which, to the best of Affiant's knowledge and belief, is an accurate representation of Affiant's observations and factual conclusions with respect to said Knutson/Bocker site.



Joy K. Bliton, Ogle County Solid Waste
Management Department

Subscribed and Sworn to Before Me

this 31st Day of Aug, 2009



Notary Public

