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DEC 08 2010

STATE OF ILLINOIS
Pollution Control Board

NOTICE OF FILING

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

COUNTY OF PERRY)

Complainant,)

AC 11 - 12)

Site Code: 1450055008)

vs.)

MARTIN VUICHARD,)

Respondent.)

NOTICE OF FILING

To: Martin Vuichard, 508 North Harshaw, General Delivery, Cutler, IL 62238

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,



David Stanton, State's Attorney
Perry County, Illinois

DATE: November 30, 2010

Perry County State's Attorney's Office
Perry County Courthouse
1 Public Square
Pinckneyville, IL 62274
(618)357-6221

PROOF OF SERVICE

I, DAVID STANTON, State's Attorney of Perry County, Illinois do hereby certify that on November 30 2010, I did send by certified mail return receipt requested, 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: Martin Vuichard, 508 North Harshaw, General Delivery, Cutler, IL 62238

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: Clerk of the Board
Illinois Pollution Control Board
100 West Randolph Street
James R. Thompson Center, Suite 11-500
Chicago, IL 60601-3218



David Stanton, State's Attorney
Perry County, Illinois

Perry County State's Attorney's Office
Perry County Courthouse
1 Public Square
Pinckneyville, IL 62274
(618)357-6221

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:

Martin Vuichard
508 North Harshaw
General Delivery
Cutler, IL 62238

2. Article Number
(Transfer from service label)

7009 2820 0002 3726 0185

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X  Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

10-26-10

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