

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

ILLINOIS ENVIRONMENTAL)
 PROTECTION AGENCY,)
)
 Complainant,)
)
 v.)
)
 HAROLD POIGNANT JR,)
 RIVER VALLEY PIPE LLC, and)
 IRONHUSTLER EXCAVATING, INC.)
)
 Respondents.)

AC 2019-017
 (IEPA No. 189-18-AC)

NOTICE OF FILING

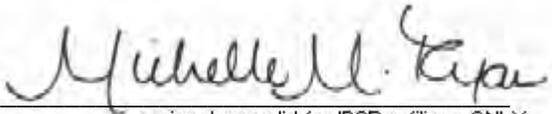
To: Harold Poignant Jr.
 1322 County Road 900 N.
 Lacon, IL 61540

River Valley Pipe LLC
 Attn: Harold Poignant
 859 State Rt. 26
 Lacon, IL 61602

IronHustler Excavating, Inc.
 Attn: William Campbell
 401 Main Street, Suite 1600
 Peoria, IL 61602

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

Respectfully submitted,



e-signature valid for IPCB e-filings ONLY

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: January 23, 2019



Electronic Filing: Received, Clerk's Office 1/28/2019

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

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

JB PRITZKER, GOVERNOR

JOHN J. KIM, ACTING DIRECTOR

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

January 23, 2019

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

Re: Illinois Environmental Protection Agency v. Harold Poignant, Jr., River Valley Pipe LLC, and IronHustler Excavating, Inc.
IEPA File No. 189-18-AC
1230105027 – Marshall County

Dear Clerk Brown:

Please be advised that service was had on Respondents Harold Poignant, Jr., River Valley Pipe LLC, and IronHustler Excavating, Inc. on January 16, 2019. In order to avoid default, a Petition for Review must be filed with the Illinois Pollution Control Board on or before February 20, 2019.

Copies of the returned Certified Mail Receipts are attached hereto.

Sincerely,

A handwritten signature in black ink that reads "Michelle M. Ryan". The signature is written over a horizontal line.

e-signature valid for IPCB e-filings ONLY

Michelle M. Ryan
Assistant Counsel

Attachments

7017 2680 0001 0214 7019

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

OFFICIAL USE

For delivery information, visit our website at www.usps.com

Certified Mail Fee

Extra Services & Fees (check box and fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To: **Harold Poignant, Jr.**
Street: **1322 County Road 900 N.**
City/State: **Lacon, IL 61540**

PS Form 3800, April 2015 PSN 7500-02-000-9007 See Reverse for Instructions

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 checked="" type="checkbox"/> <i>Jim Wright</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jim Wright</i> C. Date of Delivery <i>1-16-19</i></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px 0;"> Harold Poignant, Jr. 1322 County Road 900 N. Lacon, IL 61540 </div>	<p>3. Service Type</p> <p><input 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>2. Article Number (Transfer from service label) 7017 2680 0001 0214 7019</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

7017 2680 0001 0214 7026

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee \$ _____	Extra Services & Fees (check box; add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____
Total Postage and Fees \$ _____	Sent to: River Valley Pipe LLC Street: Attn: Harold Poignant 859 State Rt. 26 City: Lacon, IL 61602
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



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. 	A. Signature x <i>Terra Wells</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> River Valley Pipe LLC Attn: Harold Poignant 859 State Rt. 26 Lacon, IL 61602 </div>	B. Received by (Printed Name) <i>Terra Wells</i>
	C. Date of Delivery <i>1-16-19</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
2. Article Number (Transfer from service label)	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
7017 2680 0001 0214 7026	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

7017 2680 0001 0214 7033

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For delivery information, visit our website at www.usps.com

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To: IronHustler Excavating, Inc.
Street: Attn: William Campbell
City: 401 Main Street, Suite 1600
Peoria, IL 61602

PS Form 3811, April 2015 PSN 753002-000-9004 See Reverse for Instructions



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 checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery 1-16-19</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>1. Article Addressed to:</p> <p style="border: 1px solid black; padding: 5px; margin: 5px 0;">IronHustler Excavating, Inc. Attn: William Campbell 401 Main Street, Suite 1600 Peoria, IL 61602</p>	<p>3. Service Type</p> <p><input 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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7017 2680 0001 0214 7033</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

PROOF OF SERVICE

I hereby certify that I did on the 23rd day of January 2019, 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

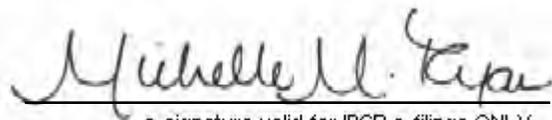
To: Harold Poignant Jr.
1322 County Road 900 N.
Lacon, IL 61540

River Valley Pipe LLC
Attn: Harold Poignant
859 State Rt. 26
Lacon, IL 61602

IronHustler Excavating, Inc.
Attn: William Campbell
401 Main Street, Suite 1600
Peoria, IL 61602

and an electronic copy of the same foregoing instrument on the same date via electronic filing

To: Don Brown, Clerk
Pollution Control Board
James R. Thompson Center
100 West Randolph Street, Suite 11-500
Chicago, Illinois 60601



e-signature valid for IPCB e-filings ONLY

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