



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

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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  
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RECEIVED  
CLERK'S OFFICE

OCT 06 2003

STATE OF ILLINOIS  
Pollution Control Board

October 2, 2003

AC 04-17

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. Robert Thompson  
IEPA File No. 505-03-AC  
0030055034—Alexander County

Dear Clerk Gunn:

Please be advised that service was had on Respondent, Robert Thompson, on September 24, 2003. In order to avoid default, a Petition for Review must be filed with the Illinois Pollution Control Board on or before November 6, 2003.

A copy of the return receipt is attached hereto.

Sincerely,

Susan E. Konzelmann  
Legal Assistant

Attachment

1-1-S



## Track & Confirm

### Current Status

You entered 7000 1670 0008 6136 7785

Your item was delivered at 2:24 pm on September 24, 2003 in CAIRO, IL 62914.

[Shipment Details >](#)

### Track & Confirm

Enter label number:

[Track & Confirm FAQs](#)

### Notification Options

▶ Track & Confirm by email [What is this?](#)

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Preserving the Trust

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> <i>Robert Thompson</i> <input type="checkbox"/> Addressee                  B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery  <i>Robert Thompson</i></p>
<p>1. Article Addressed to:</p> <p>Robert Thompson Route 1, Box 333 Cairo, IL 62914</p> <p>(505-03-AC)</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  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number 7000 1670 0008 6136 7785                  (Transfer from service label)</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	