

ORIGINAL

RECEIVED
CLERK'S OFFICE

JUL 20 2004

STATE OF ILLINOIS
Pollution Control Board

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

PEOPLE OF THE STATE OF ILLINOIS,)

Complainant,)

) PCB No. 04-224

) (Enforcement - Water)

HERITAGE FS, INC., an Illinois)
incorporated cooperative,)

Respondent.)

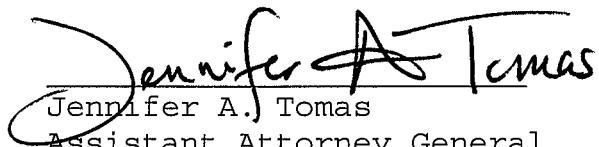
NOTICE OF FILING

TO: See Attached Service List.

PLEASE TAKE NOTICE that I have today filed with the Office of the Clerk of the Pollution Control Board, Proof of Service of the Complainant's Complaint and a Certificate of Service, a copy of which is herewith served upon you.

Respectfully submitted,

PEOPLE OF THE STATE OF ILLINOIS,
by LISA MADIGAN, Attorney General
of the State of Illinois,



Jennifer A. Tomas
Assistant Attorney General
Environmental Bureau
188 W. Randolph Street, Suite 2001
Chicago, Illinois 60601
(312) 814-0609

Date: July 20, 2004

ORIGINAL
~~SERVICE LIST~~

Heritage FS, Inc.
P.O. Box 339
Gilman, Illinois 60938-0339

Heritage FS, Inc.
2201 Grinnel Road
Kankakee, Illinois 60901

Thomas G. Safley
Hodge Dwyer Zeman
3150 Roland Avenue
P.O. Box 5776
Springfield, Illinois 62705-5776

Charles Gunnarson
Division of Legal Counsel
Illinois Environmental Protection Agency
1021 North Grand Avenue East
P.O. Box 19276
Springfield, Illinois 62794-9276

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) Respondent.)

PROOF OF SERVICE

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:
Heritage FS, Inc.
11 Grinnel Road
Mokena, IL 60901

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

Barb Acerno Agent
 Addressee

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 (Copy from service label)

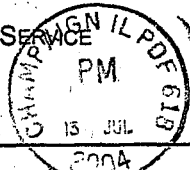
7003 0500 0000 0428 0454

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

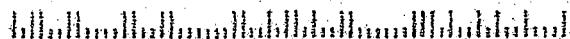
UNITED STATES POSTAL SERVICE



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

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

Ms. Jennifer A. Tomas
Assistant Attorney General
Illinois Attorney General's Office
Environmental Bureau North
188 W. Randolph, 20th Floor
Chicago, IL 60601



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BEFORE THE ILLINOIS POLLUTION CONTROL BOARD JUL 20 2004

PEOPLE OF THE STATE OF ILLINOIS

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 Respondent.)

PROOF OF SERVICE

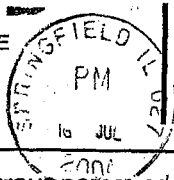
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
<p>1. Article Addressed to:</p> <p>Thomas G. Safley George Dwyer Zeman 30 Roland Avenue P.O. Box 5776 Springfield, IL 62705-5776</p> <p>2. Article Number (Copy from service label)</p>	C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	X Brian Lee	7-16-04
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

UNITED STATES POSTAL SERVICE

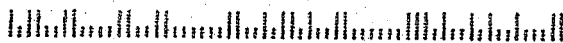


First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

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

Ms. Jennifer A. Tomas
 Assistant Attorney General
 Illinois Attorney General's Office
 188 W. Randolph, 20th Floor
 Environmental Bureau North
 Chicago, IL 60601

RECEIVED
 JUL 19 2004
 ATTORNEY GENERAL
 ENVIRONMENTAL BUREAU



ORIGINAL

CERTIFICATE OF SERVICE

RECEIVED
CLERK'S OFFICE

JUL 20 2004

STATE OF ILLINOIS
Pollution Control Board

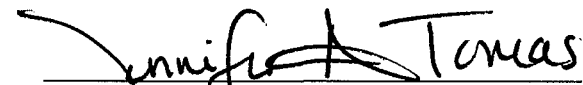
I, the undersigned, certify that I have served the attached
NOTICE OF FILING and PROOF OF SERVICE, by First Class Mail,
depositing the same in the U.S. Mail depository located at 100
West Randolph Street, Chicago, Illinois, in an envelope with
sufficient postage prepaid, upon the following persons:

Heritage FS, Inc.
P.O. Box 339
Gilman, Illinois 60938-0339

Heritage FS, Inc.
2201 Grinnel Road
Kankakee, Illinois 60901

Thomas G. Safley
Hodge Dwyer Zeman
3150 Roland Avenue
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Jennifer A. Tomas

Date: July 20, 2004