



JOHN SCHMIDT
SANGAMON COUNTY
STATE'S ATTORNEY

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NOV 19 2004

STATE OF ILLINOIS
Pollution Control Board

Room 402 County Complex
200 South Ninth Street
Springfield, IL 62701

Telephone: 217/753-6690
Facsimile: 217/535-3179

November 12, 2004

Dorothy M. Gunn, Clerk
Illinois Pollution Control Board
James R. Thompson Center
100 West Randolph Street, Suite 11-500
Chicago, Illinois 60601

In re: Administrative Citation
Leland Cole
SCDPH Case No. 04-AC-3
IEPA Site Code #1678105006
Inspection Date: October 13, 2004

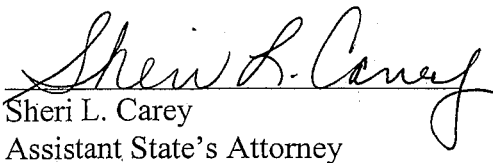
Dear Ms. Gunn:

Please be advised that service was had on the above-named Respondent on November 9, 2004. In order to avoid default, a Petition to Review must be filed with the Board by December 10, 2004. A copy of the green receipt card is attached hereto.

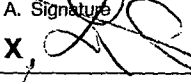
Thank you for attention to this matter. If you should need anything further, please do not hesitate to contact me.

Yours truly,

JOHN SCHMIDT
SANGAMON COUNTY STATE'S ATTORNEY


Sheri L. Carey
Assistant State's Attorney

AC05-36

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. SC 	<p>A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ Date of Delivery NOV 09 2004</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Leland Cole 6408 Reinder Springfield, IL 62707</p> <p style="text-align: right;">SC</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 <input checked="" 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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7001 1940 0005 8035 4832

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 SANGAMON COUNTY
 Dept of Public Health

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