



JOHN SCHMIDT
SANGAMON COUNTY
STATE'S ATTORNEY

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MAR 10 2005

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

March 7, 2005

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

AC 0551

In re: Administrative Citation
Patrick O'Keefe
SCDPH Case No. 05-AC-1
IEPA Site Code #1678015007
Inspection Date: December 29, 2004

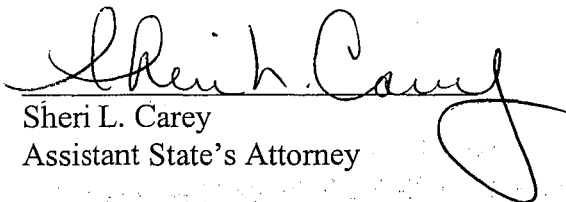
Dear Ms. Gunn:

Please be advised that service was had on the above-named Respondent on February 2, 2005. In order to avoid default, a Petition to Review must be filed with the Board by March 5, 2005. 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

100 WEST RANDOLPH STREET
CHICAGO, ILLINOIS 60601

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature X <i>Thomas A. Bud...</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery <i>2/2/05</i></p>	
<p>1. Article Addressed to:</p> <p>Patrick O'Keefe 104 Judd Street P.O. Box 83 Glenarm, IL 62536</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>	
<p>7001 1940 0005 8036 1779</p>		
<p>PS Form 3811, August 2001</p>	<p>Domestic Return Receipt</p>	<p>102595-01-M-2509</p>