

Edward D. Smith
State's Attorney

Kenneth B. Nelson
Assistant State's Attorney

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CLERK'S OFFICE

MAY 02 2005

STATE OF ILLINOIS
Pollution Control Board

STATE'S ATTORNEY
COUNTY OF KANKAKEE
CIVIL DIVISION

189 E. Court Street-Suite 502-Kankakee 60901-3992
(815) 937-2998 FAX: (815) 929-3969

Date of Service Cover Letter to IPCB for Service by Certified Mail

April 29, 2005

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

Re: County of Kankakee v. Municipal Trust & Savings Bank, #1697

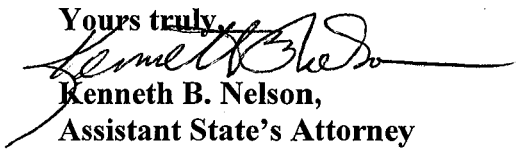
AC 2005-066
KC No. 05-01

Dear Clerk Gunn:

Please be advised that service was had on Respondent, Municipal Trust & Savings Bank on April 23, 2005. In order to avoid default, a Petition for Review must be filed with the Illinois Pollution Control Board on or before May 30, 2005.

A copy of the return receipt is attached hereto.

Yours truly,


Kenneth B. Nelson,
Assistant State's Attorney

cc: Richard Finley, Bureau of Land, Administrator
Ellen Robinson, Manager of Compliance
Donna Shehane, Manager, Environment & Solid Waste Manager

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:
 Mrs. Dorothy Gann
 Pollution Control Board
 James R. Thompson Center
 100 W. Randolph St.
 Suite 11-500
 Chicago, IL 60601

2. Article Number
 (Transfer from service label) 7000 1670 0007 7084 0922
 PS Form 3811, August 2001 Domestic Return Receipt

102595-02-M-1035

COMPLETE THIS SECTION ON DELIVERY

A. Signature Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 B. Received by (Printed Name) J. TERRAUET
 C. Date of Delivery 4/21/05
 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

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:
 Municipal Trust # 1697
 P.O. Box 146
 Bourbonnais, IL 60914-0146

2. Article Number
 (Transfer from service label) 7000 1670 0007 7084 0911
 PS Form 3811, August 2001 Domestic Return Receipt

102595-02-M-1035

COMPLETE THIS SECTION ON DELIVERY

A. Signature Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 B. Received by (Printed Name) Sarah Anderson
 C. Date of Delivery 4-23-05
 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

1. Article Addressed to:
 Municipal Trust # 1697
 P.O. Box 146
 Bourbonnais, IL 60914-0146

2. Article Number
 (Transfer from service label) 7000 1670 0007 7084 0911
 PS Form 3811, August 2001 Domestic Return Receipt

102595-02-M-1035