

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

RECEIVED  
CLERK'S OFFICE

MAY 26 2005

STATE OF ILLINOIS  
Pollution Control Board

VERNON and ELAINE ZOHFELD, )  
 )  
Complainants, )  
 )  
v. )  
 )  
BOB DRAKE, WABASH VALLEY SERVICE )  
COMPANY, MICHAEL J. PFISTER, )  
NOAH D. HORTON, and STEVE KINDER, )  
 )  
Respondents. )

PCB 05-0193  
(Citizen's Enforcement, Air)

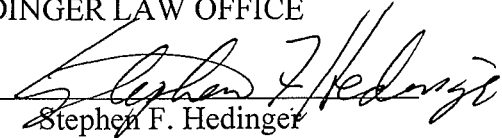
**NOTICE OF FILING OF COMPLAINT**

NOW COME Complainants, VERNON and ELAINE ZOHFELD, through their undersigned attorney, and submit to this Board the green card receipts showing delivery of the Complaint in this case upon all Defendants.

Respectfully submitted,

Vernon and Elaine Zohfeld,  
Complainants,  
By their attorney,

HEDINGER LAW OFFICE

By   
Stephen F. Hedinger

Hedinger Law Office  
2601 South Fifth Street  
Springfield, IL 62703  
(217) 523-2753 phone  
(217) 523-4366 fax

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**NOTICE OF FILING AND PROOF OF SERVICE**

The undersigned certifies that an original and nine copies of the foregoing Notice of Filing of Complaint, and of this Notice of Filing, were served upon the Clerk of the Illinois Pollution Control Board, and one copy to each of the following parties of record in this cause by enclosing same in an envelope addressed to:

Dorothy Gunn, Clerk  
Illinois Pollution Control Board  
James R. Thompson Center  
100 W. Randolph St., Suite 11-500  
Chicago, IL 60601

Wabash Valley Service Company  
909 N. Court Street  
Grayville, IL 62844

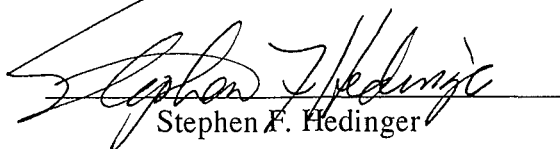
Bob Drake  
Route 2, Box 253  
McLeansboro, IL 62859

Steve Kinder  
c/o Wabash Valley Service Company  
909 N. Court Street  
Grayville, IL 62844

Michael J. Pfister  
R.R. 2  
McLeansboro, IL 62859

Noah D. Horton  
1014 Beulah  
Eldorado, IL 62930

with postage fully prepaid, and by depositing said envelope in a U.S. Post Office Mail Box in Springfield, Illinois before 5:30 p.m. on 18th May, 2005.



Stephen F. Hedinger

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Springfield, IL 62703  
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*This document prepared on recycled paper*

**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 that we can return the card to you.
- Attach this card to the back of the mailpiece, on the front if space permits.

Addressed to:

J. D. Horton  
 + Beulah  
 orado, IL 62930

Number

Transfer from service label

7004 1160 0004 5288 0130

3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Judy Horton*

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

JUDY HORTON

C. Date of Delivery

5-10-05

 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:

Bob Drake  
 Route 2, Box 253  
 McLeansboro IL 62859

2. Article Number

(Transfer from service label)

7004 1160 0004 5288 0161

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Robert Drake*

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

5-9-05

 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:

Wabash Valley Service  
909 N. Court Street  
Grayville IL 62844

2. Article Number

(Transfer from service label)

7004 1160 0004 5288 0178

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Roberta Mays*

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

5-7-05

D. Is delivery address different from item 1?  YesIf 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:

Steve Kinder  
c/o Wabash Valley  
909 N. Court Street  
Grayville, IL 62844

2. Article Number

(Transfer from service label)

7004 1160 0004 5288 0147

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Roberta Mays*

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

5-7-05

D. Is delivery address different from item 1?  YesIf 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:

Michael J. Pfister  
RR 2  
McLeansboro, IL 62859

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*x Michael J. Pfister*  Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

RR 2

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  
(*Transfer from service label*)

7004 1160 0004 5288 0154