## BEFORE THE ILLINOIS POLLUTION CONTROL BOARD CLERK'S OFFICE

VERNON and ELAINE ZOHFELD,	MAY 2 6 2005
Complainants,	STATE OF ILLINOIS Pollution Control Board
v.	) PCB 05-0193 ) (Citizen's Enforcement, Air)
BOB DRAKE, WABASH VALLEY SERVICE COMPANY, MICHAEL J. PFISTER,	
NOAH D. HORTON, and STEVE KINDER,	)
Respondents.	)

## 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

Stephen F. Hedinge

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

## BEFORE THE ILLINOIS POLLUTION CONTROL BOARD RECEIVED

) MAY 2 6 2005
) STATE OF ILLINOIS ) Pollution Control Board
) PCB 05-0193 ) (Citizen's Enforcement, Air)
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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 Wabash Valley Service Company Illinois Pollution Control Board 909 N. Court Street Grayville, IL 62844 100 W. Randolph St., Suite 11-500 Chicago, IL 60601

Bob Drake

Route 2, Box 253

McLeansboro, IL 62859

Michael J. Pfister

Steve Kinder

c/o Wabash Valley Service Company

909 N. Court Street

Grayville, IL 62844

Noah D. Horton

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 May, 2005.

Stephen F. Hedinger

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

This document prepared on recycled paper

NDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERT
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Trint your name and address on the reverse that we can return the card to you. The scard to the back of the mailpiece, the front if space permits.  Addressed to:  Addressed to:  Beulah	A. Signature  X Judy World Agent.  Addressee  B. Received by (Printed Name)  C. Date of Delivery  JUDY HORTON  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
orado, 1242930	3. Service Type  Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
Number 7004 1160	0004 5288 0130
3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature    Agent   Addressee     B. Received by (Printed Name)   C. Data of Delivery
1. Article Addressed to: Bob Drule Loute 2, Box 253 Mclearsboro 1L Le2859	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Mclearsboro 12 6851	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7004 1	60 0004 5288 0161

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	Xalerta Maye Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	D is delivery address different from item 12 Yes
1. Article Addressed to:	D. Is delivery address different from item 1?
Whish Vallen Service	
ORON Canal Street	
1. Article Addressed to: 1. Jabash Valley Service 909 N. Court Street Grayville 12 62844	1
Gray 118 12 608 94 1	3. Service Type
	Certified Mail
	Registered Return Receipt for Merchandise (
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	LLO 0004 5288 0178
(Transfer from service label) 7004 1.	PPO 0004 2599 0759
PS Form 3811, August 2001 Domestic Re	turn Receipt 102595-02-M-1540
	te.
	= 7. App. 1 App.
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	Salerta Mare Addressee
so that we can return the card to you.	
	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by ( <i>Printed Name</i> )  C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from item 1?  Yes
or on the front if space permits.	5.7.05
or on the front if space permits.	D. Is delivery address different from item 1?  Yes
or on the front if space permits.	D. Is delivery address different from item 1?  Yes
or on the front if space permits.  1. Article Addressed to:  Steve Kinder  (10 Wabash Valley  909 N. Court Street,	D. Is delivery address different from item 1?
or on the front if space permits.  1. Article Addressed to:  Steve Kinder  (10 Wabash Valley  909 N. Court Street,	D. Is delivery address different from item 1?
or on the front if space permits.	D. Is delivery address different from item 1?

2. Article Number

(Transfer from service label) PS Form 3811, August 2001 ☐ Yes

102595-02-M-1540

4. Restricted Delivery? (Extra Fee)

7004 1160 0004 5288 0147

Domestic Return Receipt

SENDED COMPLETE TWO SECTION	COMPLETE THIS SECTION ON DELIVERY
■ 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. Signature  X Muchael A field Addressee  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:  Michael J. Pfister  KR 2  Mcleansboro, IL 62859	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Micransport, IL 40007	3. Service Type  Certified Mail
2. Article Number (Transfer from service label)  7 0 1 4 1	160 0004 5288 0154
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540