

PERRY COUNTY SOLID WASTE MANAGEMENT DEPARTMENT

RECEIVED  
CLERK'S OFFICE

(618) 357-3267

AUG 29 2005

August 26, 2005

STATE OF ILLINOIS  
Pollution Control Board

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

AC06-07

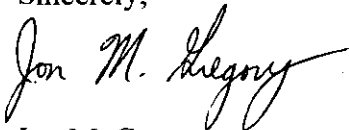
Re: Perry County v. William Campbell, Jr.  
County AC #: PC-05-011; 1450200001 – Perry County

Dear Clerk Gunn:

Please be advised that service was had on Respondent(s), William Campbell, Jr., on August 19, 2005. In order to avoid default, a Petition for Review must be filed with the Illinois Pollution Control Board on or before September 23, 2005.

A copy of the returned Certified Mail Receipt is attached hereto.

Sincerely,



Jon M. Gregory  
Perry County Solid Waste Management

THIS FILING SUBMITTED ON RECYCLED PAPER

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <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>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee  <i>x Dorothy Campbell</i></p> <p>B. Received by (Printed Name) <i>Dorothy Campbell</i> C. Date of Delivery <i>8/14/05</i></p>
<p>1. Article Addressed to:</p> <p><i>William Campbell, Jr.</i>  <i>1471 N. Oak</i>  <i>DuQuoin, IL 62832</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p> <p style="text-align: center;"><b>AUG 19 2005</b></p> <p>3. Service Type <i>2832</i></p> <p><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>2. Article Number          (Transfer from service label)</p>	<p style="text-align: center;"><b>7004 2890 0001 0354 3880</b></p>