



JOHN B. ROE  
STATE'S ATTORNEY OF OGLE COUNTY  
OGLE COUNTY COURTHOUSE  
P.O. Box 395  
OREGON, ILLINOIS 61061-0395

**RECEIVED**  
CLERK'S OFFICE

SEP 02 2005

STATE OF ILLINOIS  
Pollution Control Board

Email: ogleesa@oglecounty.org  
www.oglecounty.org

Telephone: (815) 732-1170  
Fax: (815) 732-6607

August 29, 2005

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

*ACOG 08*

Re: ADMINISTRATIVE CITATION  
IEPA Case No.:  
Site Code No: 1418175004-Ogle  
Inspection Date: June 29, 2005

Ms. Gunn:

In a letter dated August 24, 2005, I promised to inform you of when our Office received a return of the green receipt card from the Respondent in regard to this matter (and the certified mailing of the materials pertinent to this Administrative Citation). Our office has received the receipt and, consequently, I am enclosing with this letter a copy of each side of the card.

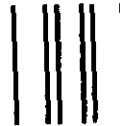
Proof of Service of the Administrative Citation on the Respondent was included with the original packet sent out on August 24, 2005. These materials were signed for and received by the Respondent on August 25, 2005, within the sixty days following the June 29, 2005 inspection of the relevant location.

Again, thank you very much for your assistance and attention to this matter. If there are any further documents or materials which you need from us, please let me know.

Sincerely,

Michael Myzia  
Assistant State's Attorney

Enclosure

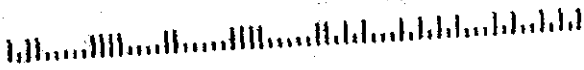


First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

JOHN B. ROE  
Ogle County States Attorney  
P.O. Box 395  
Oregon, IL 61061

8001



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. Received by (Please Print Clearly) <u>HAROLD KUMP</u> B. Date of Delivery <u>08/25/05</u></p>
<p>1. Article Addressed to:</p> <p><u>Tommy Rae Ramando</u> <u>800 Brickville Rd.</u> <u>Sycamore, IL 60178</u></p>	<p>C. Signature <u>[Signature]</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>2. Article Number (Copy from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>