



**ORIGINAL**  
**MACON COUNTY**  
**SOLID WASTE MANAGEMENT**  
**DEPARTMENT**

141 S. Main St., Suite 212, Decatur, IL 62523 • phone 217/425-4505 • fax 217/424-1459

December 6, 2006

Illinois Pollution Control Board  
ATTN: Dorothy Gunn, Clerk  
100 West Randolph Street  
James R. Thompson Center, Suite 11-500  
Chicago, Illinois 60601-3218

**RECEIVED**  
CLERK'S OFFICE  
DEC 12 2006  
STATE OF ILLINOIS  
Pollution Control Board

Re: County of Macon

MCSWMD File No. 2006-004-AC, 1150155537 – Macon County -AC 07-20  
MCSWMD File No. 2006-005-AC, 1158165007 – Macon County AC 07-21

Dear Clerk Gunn:

As requested on December 5, 2006 during a conversation with Sherri Ludlam, of the Macon County Solid Waste Management Department, please find copies of Certified Mail Return Receipts for the above-referenced respondents.

If you have any questions or concerns, please do not hesitate to contact me at 217-421-0291.

Sincerely,

*Darlene K. Powell*

Darlene K. Powell  
Inspector

Enclosures

Cc: Rich Gerard, Champaign Regional Office  
Ellen Robinson  
FOS File

RECEIVED  
CLERK'S OFFICE

DEC 12 2006

STATE OF ILLINOIS  
Pollution Control Board

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>		A. Received by (Please Print Clearly) B. Date of Delivery	
1. Article Addressed to:		C. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Phillip Pugsley 530 N. Hillcrest Blvd Decatur, IL 62522-1214		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No  OCT 17 2006 <i>MCSWMD DXP</i>	
2. Article Number (Copy from service label)		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7005 1820 0006 9701 6145	

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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>		A. Received by (Please Print Clearly) B. Date of Delivery	
1. Article Addressed to:		C. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Tim Walker 3710 Christmas Tree Road Decatur, IL 62521-8648		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  OCT 19 2006 <i>MCSWMD DXP</i>	
2. Article Number (Copy from		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7005 1820 0006 9701 6114	

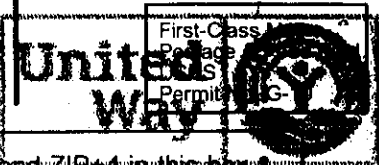
PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

UNITED STATES POSTAL SERVICE  
SPRINGFIELD IL 627

16 OCT 2006 PM 11



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

Macon Co Solid Waste Mgmt  
Attn: Darlene K. Powell  
141 South Main, Room 212  
Decatur, Illinois 62523-1293

*Pugsley*

236 0001 

UNITED STATES POSTAL SERVICE



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

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

Macon Co Solid Waste Mgmt  
Attn: Darlene K. Powell  
141 South Main, Room 212  
Decatur, Illinois 62523-1293

*Walker*