



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 NORTH GRAND AVENUE EAST, P.O. BOX 19276, SPRINGFIELD, ILLINOIS 62794-9276 - (217) 782-3397

JAMES R. THOMPSON CENTER, 100 WEST RANDOLPH, SUITE 11-300, CHICAGO, IL 60601 - (312) 814-6026

ROD R. BLAGOJEVICH, GOVERNOR

DOUGLAS P. SCOTT, DIRECTOR

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CLERK'S OFFICE

DEC 08 2006

STATE OF ILLINOIS  
Pollution Control Board

(217) 782-5544  
TDD: (217) 782-9143

December 6, 2006

A 007-27

The Honorable Dorothy Gunn, Clerk  
Illinois Pollution Control Board  
State of Illinois Center  
100 West Randolph, Suite 11-500  
Chicago, IL 60601

Re: Illinois Environmental Protection Agency v. Paul Sahlstrom  
IEPA File No. 306-06-AC; 2010303005—Winnebago County

Dear Clerk Gunn:

Please be advised that service was had on Respondent, Paul Sahlstrom, on December 1, 2006. In order to avoid default, a Petition for Review must be filed with the Illinois Pollution Control Board on or before January 5, 2007.

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

Sincerely,

Michelle M. Ryan  
Assistant Counsel

Attachment

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

ADMINISTRATIVE CITATION

RECEIVED  
CLERK'S OFFICE

DEC 08 2006

STATE OF ILLINOIS  
Pollution Control Board

ILLINOIS ENVIRONMENTAL )  
PROTECTION AGENCY, )  
) )  
Complainant, )  
) )  
v. )  
) )  
PAUL SAHLSTROM, )  
) )  
Respondent. )

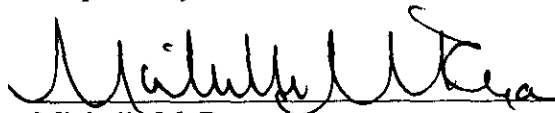
AC **07-27**  
(IEPA No. 306-06-AC)

NOTICE OF FILING

To: Paul Sahlstrom  
217 Peoples Avenue  
Rockford, IL 61104

PLEASE TAKE NOTICE that on this date I mailed for filing with the Clerk of the Pollution Control Board of the State of Illinois the following instrument(s) entitled CERTIFIED MAIL RECEIPT.

Respectfully submitted,

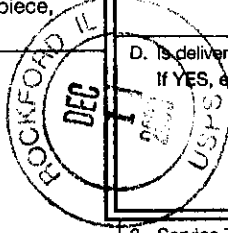


Michelle M. Ryan  
Special Assistant Attorney General

Illinois Environmental Protection Agency  
1021 North Grand Avenue East  
P.O. Box 19276  
Springfield, Illinois 62794-9276  
(217) 782-5544

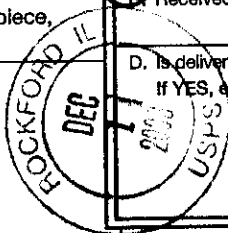
Dated: December 6, 2006

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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Paul Sahlstrom</i></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
<p>1. Article Addressed to:</p> <p>Paul Sahlstrom 217 Peoples Avenue Rockford, IL 61104</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>(306-06-AC)</p>	<p>3. Service Type</p> <p><input 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>	



2 7004 2510 0001 8587 7993

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.  <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> <p>1. Article Addressed to:</p> <p> Paul Sahlstrom  217 Peoples Avenue  Rockford, IL 61104 </p> <p>(306-06-AC)</p>	<p> A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee  <i>Paul Sahlstrom</i> </p> <p> B. Received by (Printed Name) _____ C. Date of Delivery _____ </p> <p> D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No </p> <p> 3. Service Type  <input 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>



2. 7004 2510 0001 8587 7993

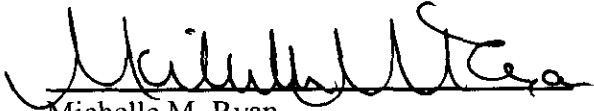
**PROOF OF SERVICE**

I hereby certify that I did on the 6th day of December 2006, send by U.S. Mail with postage thereon fully prepaid, by depositing in a United States Post Office Box a true and correct copy of the following instrument(s) entitled CERTIFIED MAIL RECEIPT

To: Paul Sahlstrom  
217 Peoples Avenue  
Rockford, IL 61104

and the original and nine (9) true and correct copies of the same foregoing instruments on the same date by Certified Mail, Return Receipt Requested, with postage thereon fully prepaid

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

  
Michelle M. Ryan  
Special Assistant Attorney General

Illinois Environmental Protection Agency  
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