Illinois Environmental Protection Agency



1021 North Grand Avenue East, P.O. Box 19276, Springfield, Illinois 62794-9276 – (217) RECEIVED James R. Thompson Center, 100 West Randolph, Suite 11-300, Chicago, IL 60601 – (312) 8140028K'S OFFICE

ROD R. BLAGOJEVICH, GOVERNOR

DOUGLAS P. SCOTT, DIRECTOR

FEB 1 5 2007

(217) 782-5544 TDD: (217) 782-9143 STATE OF ILLINOIS Pollution Control Board

January 30, 2007

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

Aco1.33

Re: <u>Illinois Environmental Protection Agency v. Donald R. Langley, Perry D. Winebrinner and</u> <u>Bret Slater</u> IEPA File No. 2-07-AC; 1070355050—Logan County

Dear Clerk Gunn:

Please be advised that service was had on Respondents, Bret Slater, Perry D. Winebrinner and Donald R. Langley on January 20, 2007, January 22, 2007 and January 25, 2007, respectively. In order to avoid default, a Petition for Review must be filed with the Illinois Pollution Control Board on or before February 26 and March 1, 2007, respectively.

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

CLERK'S OFFICE

FEB 1 5 2007

STATE OF ILLINOIS Pollution Control Board

ILLINOIS ENVIRONMENTAL)
PROTECTION AGENCY,)
)
Complainant,)
)
V.) -
)
DONALD R. LANGLEY, PERRY D.)
WINEBRINNER and BRET SLATER,)
)
Respondents.)

AC 01 3

(IEPA No.2-07-AC)

NOTICE OF FILING

To: Donald Langley 823 Sunset Drive Lincoln, IL 62656-3067 Perry D. Winebrinner 1010 Pulaski Street Lincoln, IL 62656-3136

Bret Slater 424 North Jefferson Street Lincoln, IL 62656-1960

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: January 30, 2007

THIS FILING SUBMITTED ON RECYCLED PAPER

	NDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
1.1	Complete items 1, 2, and 3. Also complete	A. Signature
	item 4 if Restricted Delivery is desired.	XAUINTALD TART BLAG
-	Print your name and address on the reverse so that we can return the card to you.	B. Received by (Printed Name) C. Date of I
	Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Philed Name) (C. Date of 1/2/2/-02
1.	Article Addressed to:	 D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
	Bret Slater	
	424 North Jefferson Street	
	Lincoln, IL 62656-1960	
	· · · ·	3. Service Type ★ Certified Mail □ Express Mail
	(2-07-AC)	Registered Appless Main Recipt for Merc
		Insured Mall C.O.D.
		4. Restricted Delivery? (Extra Fee)
2		587 7870
	Article 7004 2510 0001 8 (Transfe	
PS	S Form 3811, February 2004 Domestic F	Return Receipt 102595-0
SE	NDER: 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	X Ag
	so that we can return the card to you.	B. Deceived by (Printed Name) C. Date of I
	Attach this card to the back of the mailpiece,	B. Second by (Finited Name) C. Date of
	or on the front if space permits.	D. Is delivery address different from item 1?
1.	Article Addressed to:	If YES, enter delivery address below: I No
	Perry D. Winebrinner	
	1010 Pulaski Street	
	Lincoln, IL 62656-3136	
	(2-07-AC)	3. Service Type
		Registered Receipt for Merce
		Insured Mail C.O.D.
		Insured Mail C.O.D.
2.		Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Ye
	د ۱۵۵۵ ۲۰۵۷ ۲۰۵۹ (Transfer fr	Insured Mail C.O.D.
	(Transfer fr 7004 2510 000	□ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Ye 858? 78⊾3
	د ۱۵۵۵ ۲۰۵۷ ۲۰۵۹ (Transfer fr	□ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Ye 858? 78⊾3
PS	(Transfer fr 7004 2510 0001 S Form 3811, February 2004 Domestic F	□ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Ye 858? 78⊾3
P9	(Transfer fr 7004 2550 0005 S Form 3811, February 2004 Domestic F ENDER: COMPLETE THIS SECTION	□ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Ye B 5 B 7 7 B L 3 Return Receipt 102595-0 COMPLETE THIS SECTION ON DELIVERY
P9	(Transfer fr. 7004 2510 0001 S Form 3811, February 2004 Domestic F ENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete	
P9	(Transfer fr. 7004 2510 0001 S Form 3811, February 2004 Domestic F ENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	□ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Ye B 5 B 7 7 B L 3 Return Receipt 102595-0 COMPLETE THIS SECTION ON DELIVERY A. Signature V
PS SI	(Transfer fr. 7004 2510 0001 S Form 3811, February 2004 Domestic F ENDER: COMPLETE THIS SECTION 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.	Insured Mail IC.O.D. 4. Restricted Delivery? (Extra Fee) IYe B5B7 7BL3 Return Receipt 102595-0 COMPLETE THIS SECTION ON DELIVERY A. Signature Image: Complete the section of the sectio
PS SI	(Transfer fr. 7004 2510 0001 S Form 3811, February 2004 Domestic F ENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	Insured Mail IC.O.D. 4. Restricted Delivery? (Extra Fee) IYe 8587 7863 Return Receipt 102595-0 COMPLETE THIS SECTION ON DELIVERY A. Signature Image: Colspan="2">Image: Complete the text of the text of text
PS S	(Transfer fr ?UU4 2510 0001 S Form 3811, February 2004 Domestic F ENDER: COMPLETE THIS SECTION 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 mailplece, or on the front if space permits.	Insured Mail Image: Conditional conditi conditicona condite conditional conditional condite conditional
PS S	(Transfer fr. 7004 2510 0001 S Form 3811, February 2004 Domestic F ENDER: COMPLETE THIS SECTION 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 mailplece,	Insured Mail Image: Conditional conditi conditicona condite conditional conditional condite conditional
PS SI	(Transfer fr ?UU4 2510 0001 S Form 3811, February 2004 Domestic F ENDER: COMPLETE THIS SECTION 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 mailplece, or on the front if space permits.	□ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Ye 858? 7863 Return Receipt 102595-0 COMPLETE THIS SECTION ON DELIVERY A. Signature X 102595-0 B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1/1 Ye
PS S	(Transfer fr. 2004 2510 0001 S Form 3811, February 2004 Domestic F ENDER: COMPLETE THIS SECTION 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 mailplece, or on the front if space permits. Article Addressed to: Donald Langley 823 Sunset Drive	Insured Mail I. C.O.D. 4. Restricted Delivery? (Extra Fee) I. Yee B 5 8 7 7 8 L 3 Return Receipt 102595-0 COMPLETE THIS SECTION ON DELIVERY A. Signature X Image: Complete the section of the s
PS S	(Transfer fr ?UU4 2510 0001 S Form 3811, February 2004 Domestic F ENDER: COMPLETE THIS SECTION 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. Article Addressed to: Donald Langley	Insured Mail I.C.O.D. 4. Restricted Delivery? (Extra Fee) I.Ye 8587 7863 Return Receipt 1025954 COMPLETE THIS SECTION ON DELIVERY A. Signature I.A. B. Received by (Printed Name) C. Date of Device Colspan="2">C. Date Colspan="2"
PS S	(Transfer fr. 2004 2510 0001 S Form 3811, February 2004 Domestic F ENDER: COMPLETE THIS SECTION 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 mailplece, or on the front if space permits. Article Addressed to: Donald Langley 823 Sunset Drive	□ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Ye 8587 7863 Return Receipt 1025954 COMPLETE THIS SECTION ON DELIVERY A. Signature □ A X □ A B. Received by (Printed Name) C. Date of D. Is delivery address different from item 17 □ Ye If YES, enter delivery address below: □ N
PS S	(Transfer fr. 2004 2510 0001 S Form 3811, February 2004 Domestic F ENDER: COMPLETE THIS SECTION 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 mailplece, or on the front if space permits. Article Addressed to: Donald Langley 823 Sunset Drive	□ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Ye B 5 8 7 7 8 L 3 Return Receipt 102595- COMPLETE THIS SECTION ON DELIVERY A. Signature □ A X □ A B. Received by (Printed Name) C. Date of D. Is delivery address different from item 1? □ Ye If YES, enter delivery address below: □ N 3. Service Type 3. Service Type
PS	(Transfer fr. 2004 2510 0001 S Form 3811, February 2004 Domestic F ENDER: COMPLETE THIS SECTION 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 mailplece, or on the front if space permits. Article Addressed to: Donald Langley 823 Sunset Drive	□ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Ye B 5 8 7 7 8 L 3 Return Receipt 102595-0 COMPLETE THIS SECTION ON DELIVERY A. Signature X Image: Complete the section of the s
PS SI	(Transfer fr. 2004 2510 0001) S Form 3811, February 2004 Domestic F ENDER: COMPLETE THIS SECTION 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. Article Addressed to: Donald Langley 823 Sunset Drive Lincoln, IL 62656-3067	□ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Ye B 5 8 7 7 8 L 3 Return Receipt 102595-0 COMPLETE THIS SECTION ON DELIVERY A. Signature X
PS SI	(Transfer fr. 2004 2510 0001) S Form 3811, February 2004 Domestic F ENDER: COMPLETE THIS SECTION 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. Article Addressed to: Donald Langley 823 Sunset Drive Lincoln, IL 62656-3067	□ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Ye B 5 8 7 7 8 L 3 Return Receipt 102595-0 COMPLETE THIS SECTION ON DELIVERY A. Signature X □ Ac B. Received by (Printed Name) C. Date of D. Is delivery address different from item 1/1 1 Ye If YES, enter delivery address below: □ No 3. Service Type □ Certified Mail □ Express Mail □ Begistered □ Beturn Receipt for Merce

PROOF OF SERVICE

I hereby certify that I did on the 30th day of January 2007, 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: Donald Langley 823 Sunset Drive Lincoln, IL 62656-3067 Perry D. Winebrinner 1010 Pulaski Street Lincoln, IL 62656-3136

Bret Slater 424 North Jefferson Street Lincoln, IL 62656-1960

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

THIS FILING SUBMITTED ON RECYCLED PAPER