

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 North Grand Avenue East, P.O. Box 19276, Springfield, Illinois 62794-9276 ● (217) 782-2829 James R. Thompson Center, 100 West Randolph, Suite 11-300, Chicago, IL 60601 ● (312) 814-6026

PAT QUINN, GOVERNOR

Douglas P. Scott, Director

(217) 782-9817

TDD: (217) 782-9143

July 13, 2010

John Therriault, Clerk Illinois Pollution Control Board James R. Thompson Center 100 West Randolph Street, Suite 11-500 Chicago, Illinois 60601

STATE OF ILLINOIS Pollution Control Board

GRIGINAL

Re:

Illinois Environmental Protection Agency v. William A. Cogdill

IEPA File No.206-10-AC: 1010255010—Lawrence County

Dear Mr. Therriault:

Please be advised that service was had on Respondent, William A. Cogdill, on June 9, 2010. In order to avoid default, a Petition for Review must be filed with the Illinois Pollution Control Board on or before August 13, 2010.

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

Sincerely.

Michelle M. Ryan Assistant Counsel

Rockford • 4302 N. Main St., Rockford, IL 61103 • (815) 987-7760

Elgin • 595 S. State, Elgin, IL 60123 • (847) 608-3131

Collinsville • 2009 Mall Street, Collinsville, IL 62234 • (618) 346-5120

Enclosures

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

	ADMINISTRATIVE CI	572-15010
ILLINOIS ENVIRONMENTAL PROTECTION AGENCY,)	Pollution Control Board
Complainant,)	AC -
v.)	(IEPA No. 206-10-AC)
WILLIAM A. COGDILL,)	
Respondent.)	ING
	NOTICE OF FILE	ING

To: William A. Cogdill

903 Main Street P.O. Box 52

St. Francisville, IL 62460

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 Assistant Counsel

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

Dated: July 13, 2010

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ 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. 1. Article Addressed to: P. O. Box 52 903 West Mein St.	A. Signature A. Signature A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery
St. Franciscille, IL 62460	3. Service Type Service Type
2. Article Number 7008 1830	
PS Form 3811, February 2004 Domestic Ret	



PROOF OF SERVICE

I hereby certify that I did on the 13th day of July 2010, send by Certified Mail, Return Receipt Requested, 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:

William Cogdill

P.O. Box 52

903 West Main Street Lawrenceville, IL 62460



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:

John Therriault, Clerk Pollution Control Board James R. Thompson Center

100 West Randolph Street, Suite 11-500

Chicago, Illinois 60601

Michelle M. Ryan Assistant Counsel

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