



MICHAEL L. WEPSIEC
State's Attorney Jackson County
Jackson County Courthouse, Third Floor
Murphysboro, Illinois 62966
(618) 687-7200 FAX (618) 687-7215



May 23, 2012

Clerk of the Board
Illinois Pollution Control Board
100 W. Randolph, Suite 11-500
Chicago, Illinois 60601

RECEIVED
CLERK'S OFFICE
MAY 25 2012
STATE OF ILLINOIS
Pollution Control Board

Re: Administrative Citation—Jackson County/Midwest Waste
AC No. 2012-55
Proof of Service

Dear Clerk:

Enclosed for filing with the Board is the proof of service on the Respondent in this matter. The Respondent was served with the administrative citation packet on May 21, 2012. The Respondent's mailing address is 716 Skyline Drive, Marion, Illinois 62959. Thank you.

Sincerely,

Daniel Brenner
Assistant State's Attorney
Jackson County, Illinois

encls

cc: Jackson County Health Department



Williamson County Sheriff's Office

AFFIDAVIT OF SERVICE

Document: AC12*

Received Date: 5/18/2012

Issue Date: / /

Expire Date: / /

DEFENDANT/PERSON TO BE SERVED:

Name: S.I. Waste Systems/C. Fitzpatrick,
Address: 716 Skyline Dr
marion Il 62959

Alternate Address:

Process #: 001 - 2012 - 001047

CASE #:

PLAINTIFF: *County Of Jackson -VS- S.I. Waste Systems/C. Fitzpatrick*

Paper Type:

(A) I CERTIFY THAT I SERVED THE ABOVE PAPERS ON THE DEFENDANT AS FOLLOWS:

___ 1 PERSONAL SERVICE: BY LEAVING A COPY OF THE ABOVE PAPERS WITH THE NAMED PERSON PERSONALLY.

___ 2 SUBSTITUTE SERVICE: BY LEAVING A COPY OF THE ABOVE PAPERS AT THE ABOVE HOME WITH SOME PERSON OF THE FAMILY, OF THE AGE OF 13 YEARS OR UPWARDS, AND INFORMING THAT PERSON OF THE CONTENTS THEREOF. ALSO, A COPY OF THE ABOVE PAPERS WAS MAILED TO THE DEFENDANT AT THE ABOVE ADDRESS.

3 SERVICE ON: CORPORATION COMPANY BUSINESS PARTNERSHIP BY LEAVING A COPY OF THE ABOVE PAPERS (OR INTERROGATORIES) WITH THE REGISTERED AGENT, AUTHORIZED PERSON OR PARTNER OF THE DEFENDANT.

(B) Sheriff VICK, SHERIFF BENNIE BY FOSSE, JAMES DEPUTY

NAME OF DEFENDANT/PERSON TO BE SERVED: S.I. Waste Systems/C. Fitzpatrick,

SEX _____ RACE _____ DOB _____

PERSON TO BE SERVED FOR DEFENDANT/PERSON: S.I. Waste Systems/C. Fitzpatrick,

RELATIONSHIP TO DEFENDANT/PERSON: _____

ADDRESS SERVED: 716 Skyline Dr marion Il 62959

SERVED ON DATE/TIME: May 21, 2012 11:42AM

REMARKS: **SERVED MGR. JACKIE BOYT/WF 7/28/61**

NO FULL CASE NUMBER ON PAPERS. NO COPY TO RETURN WITH PROFF OF SERVICE